



Minnesota College
Athletic Conference

Minnesota College Athletic Conference

Waiver of Liability, Assumption of Risk and Indemnity Agreement For Mesabi Range Community & Technical College Athletics

Waiver: In consideration of being permitted to participate in athletics at Mesabi Range Community & Technical College, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue Mesabi Range Community & Technical College**, its officers, employees and agents from liability from all claims resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, my participation in athletics except as caused by their intentional, willful or wanton conduct.

Assumption of risk: I acknowledge that my participation in athletics is voluntary and carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, broken bones; heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in athletics. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Mesabi Range Community & Technical College Athletics HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in athletics and to reimburse Mesabi Range Community & Technical College for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, have been given an opportunity to consult with counsel, **and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a release of liability** to the greatest extent permitted by law.

Print Name

Date

Signature of Student or Parent/Guardian if student is under



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PARTICIPANT INFORMATION Mesabi Range Community & Technical College

This information is being collected for school officials to use in case of emergency to notify personal contacts and medical providers; it will be maintained by the football program as a private education record.

Name: _____

Student ID Number: _____

Local Address: _____

Permanent Address: _____

E-mail Address: _____

Local Phone: _____

Permanent Phone: _____

Health Insurance Information

Company Name: _____

Student ID Number: _____

Group #: _____

Subscriber #: _____

Name of Person Your are Insured Through: _____

Other Insurance (if any): _____

Medical History and Emergency Contact Information

Name & Number of Emergency Contact: _____

Name & Number of Physician: _____

Prescription Medication: _____

Please describe any medical conditions requiring care: _____

Signature of policy holder verifying that the medical insurance listed above covers
intercollegiate athletics

_____ Date