



CHALLENGER LEARNING CENTER AT HEARTLAND COMMUNITY COLLEGE

CLC EVENT RELEASE FORM

Participant's Legal Name: _____ Gender: M / F Birthdate: ___/___/___

Phone Number in case of emergency: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

By signing below, parent/guardian/adult acknowledges the following:

- I, the parent/guardian/adult of the participant named above, hereby, give permission for him/her to participate at the CLC event and participate in all activities, as directed by the CLC staff member. I understand that participant's participation in this activity is purely voluntary.
- I understand and acknowledge that participation in this activity may subject the participant to risk of injury. I hereby knowingly and voluntarily indemnify and hold Heartland Community College and its board of directors and employees harmless from and against any and all claim, loss, damage, cost or expense resulting from or relating in any manner with said participation.

Name Signature Date

FOR OFFICE USE ONLY:
Empl ID



CHALLENGER LEARNING CENTER AT HEARTLAND COMMUNITY COLLEGE

CLC EVENT RELEASE FORM

Participant's Legal Name: _____ Gender: M / F Birthdate: ___/___/___

Phone Number in case of emergency: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

By signing below, parent/guardian/adult acknowledges the following:

- I, the parent/guardian/adult of the participant named above, hereby, give permission for him/her to participate at the CLC event and participate in all activities, as directed by the CLC staff member. I understand that participant's participation in this activity is purely voluntary.
- I understand and acknowledge that participation in this activity may subject the participant to risk of injury. I hereby knowingly and voluntarily indemnify and hold Heartland Community College and its board of directors and employees harmless from and against any and all claim, loss, damage, cost or expense resulting from or relating in any manner with said participation.

Name Signature Date

FOR OFFICE USE ONLY:
Empl ID