

HEARTLAND COMMUNITY COLLEGE
Acknowledgement/Release

Participant Name: _____

I will be participating in the following course, program, project, event, or activity (herein collectively "activity"):

Activity: _____

Location: _____

By executing this document I hereby acknowledge that I have voluntarily chosen to participate in the above referenced activity and have full knowledge of the risks this activity presents, including, as the case may be, travel to, participation in, and returning from the activity. In consideration of permission to participate in such activity being granted to me and for other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I am freely and voluntarily executing this Acknowledgement/Release and understand that it extends to the Board of Trustees of Community College District No. 540, Counties of DeWitt, Ford, Livingston, Logan, McLean, and Tazewell, State of Illinois (commonly known as Heartland Community College), the Heartland Community College Foundation, and the trustees, directors, employees, volunteers, representatives, successors, and assigns thereof (hereinafter collectively referred to as "the releasees").

I hereby further understand and acknowledge that participation in such activity could subject me to numerous dangers and risks of personal injury. Such dangers and risks have been considered, and, relying on my own judgment, I have chosen to participate and assume all such dangers and risks. Therefore, I knowingly and voluntarily release the releasees from any claim which I now or may hereafter have for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or other claims resulting from or arising out of or in connection with my participation in such activity or the ownership, operation, use, maintenance, or control of any vehicle, equipment, or goods provided or used in connection with such activity or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to such activity. In further consideration of such permission being granted to me, I hereby indemnify and hold the releasees harmless from and against any claim, loss, damage, or expense arising from or in connection with my said participation.

I have carefully read this Acknowledgement/Release and fully understand its terms and conditions. I understand that this is a release of liability that could prevent me from filing suit or making any other legal claim for damages against the releasees or any of them. I further acknowledge that this release is binding on me, my heirs, successors, assigns, and legal representatives.

If this activity entails serving as an intern or community service participant, I understand that, as a general rule, internship or community service sponsors are not subject to the U.S. Department of Labor's minimum wage laws if the position is primarily for my educational benefit and the sponsor provides supervision, training, and feedback. Furthermore, if I am serving as an intern or community service participant, I understand that I am not an employee of Heartland Community College or the internship/community service sponsor and am not covered by their employee benefits plan or unemployment insurance.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT/RELEASE.

Date: _____

Signature of Participant: _____

Identification No. (if any): _____

Address: _____

Telephone No.: _____

If the participant is a minor (under age 18) and not living independently of a parent or legal guardian, this Acknowledgement/Release must be signed by a parent or legal guardian on behalf of the minor participant.

Signature of Parent or Guardian: _____

Address: _____

Telephone No.: _____

**The completed Acknowledgement/Release should be submitted to the
Office of the Vice President of Business Services.**

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