

COMMUNITY SERVICE ASSUMPTION OF RISK STATEMENT

The undersigned, being over the age of 18 years or in the capacity of legal guardian for a person identified below, does hereby acknowledge that there are no risks of physical harm and injury inherent in-service activities including, but not limited to, working with people, participating in sports and recreational activities, cleaning and maintenance projects, preparing and serving food, and other service activities, and in transportation to and from service work sites. As partial consideration of being allowed to participate in this activity with Coastal Carolina Community College, I hereby assume all risks in the travel activity and connected activities and hereby knowingly and intentionally waive any and all claims, of whatsoever kind or nature, against such institutions which may arise out of this activity. I specifically acknowledge that in performing these activities, I am doing so in the status of a server/volunteer for the community agency, and waive any and all claims which may arise from such service activities, acknowledge that workers compensation benefits are not extended to me in my capacity as a server/volunteer and hold Coastal Carolina Community College harmless from any of my negligent acts. I further state that I am not in any way an employee of Coastal Carolina Community College in any capacity. I specifically grant this waiver of claims for myself and/or on behalf of my ward identified below and will indemnify and hold harmless such institutions and individuals from any claims.

Done on this _____ day of _____, _____.

On behalf of myself, my heirs, devisees, legatees, and estate,

(and on behalf of my legal ward named _____).

_____ Signature

_____ Printed Name

(This section must be completed by notary public.)

NOTARY PUBLIC CERTIFICATION: State of _____ County of _____

I, _____, a Notary Public of said State and County, do hereby certify that _____ personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this _____ day of _____, 20 ____.

Signature of Notary _____

Print Name _____

My commission expires _____