

LARAMIE COUNTY COMMUNITY COLLEGE
Liability Waiver – Lift Enrichment Activities

Participant(s) Name (please print): _____

Class Name: _____ Semester: _____

The above Participant being above age eighteen (18), or the Parent or Legal Guardian of the above Participant, who is under age eighteen (18), in consideration for the privilege of participation in any Life Enrichment activities offered by LCCC utilizing college owned facilities acknowledges and agrees as follows:

Participant acknowledges and is aware of the inherent risks, hazards and dangers of personal injury, death and disability through use of college facilities and equipment and subsequent participation in a particular program, class and/or recreaa in a p[TJ 14.14 0 TD .0000 by c09 fi
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Parent or Guardian:

Participant Name _____
Pr _____
Signature _____

Relationship to Minor: _____ Date _____

Distribution: Return completed original Waiver