



WAYNE COUNTY COMMUNITY COLLEGE DISTRICT
SCHOOL OF CONTINUING EDUCATION

**ADULT STUDENT
WAIVER AND RELEASE OF LIABILITY FORM**

I, _____, hereby consent to my participation in the Wayne County Community College District “_____” (class). I understand that I will be under the care of qualified staff members and that the participation in the class may involve strenuous activity. In consideration of the acceptance of myself into this class, I agree to indemnify and hold harmless Wayne County Community College District and its authorized representatives, specifically including any caregivers, from any and all claims, including negligence which may be directly or indirectly related to my participation in class. I also acknowledge that I have informed Program personnel of any special medical or physical needs that I may require, prior to executing this agreement.

Signature

Date