



Please print, date, and sign this form and bring with you when you pick up your first Warrior POST donation.

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Receiving of non-perishable food and other necessities from East Central Community College’s Warrior POST food pantry.

Activity Date(s) and Time(s): Varies

Activity Location(s): Tucker Applied Technology Center, Room 211

In consideration for being allowed to participate in the Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** East Central Community College, its trustees, employees, officers, directors, volunteers, and agents (collectively “College”) from any and all claims, **including claims of the College’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, allergic reactions, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, allergic reaction, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the College **harmless** from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the College incurs any of these types of expenses, I agree to reimburse the College. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the College from all liability, (b) promising not to sue the College, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.** I understand that this document is written to be as broad and inclusive as legally permitted by the State of Mississippi. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

I have filled out this form to the best of my ability and have read and agree to the Release of Liability and Waiver form.

SIGNATURE:

DATE: