



COMMUNITY SERVICE ASSUMPTION OF RISK STATEMENT

The undersigned, being over the age of 18 years or in the capacity of Legal Guardian for a Participant identified below, does hereby acknowledge that there are 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 Western Piedmont 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 not a server/volunteer, employee or agent of Western Piedmont Community College. I further waive any and all claims which may arise from such service activities and acknowledge that workers compensation benefits are not extended to me in my capacity as a server/volunteer. I hold Western Piedmont Community College, the Western Piedmont Foundation, Inc., the Western Piedmont Community College Board of Trustees, the officers, officials, employees, students, agents, and assigns of the College, harmless from any of my negligent acts and for any loss, damage or injury to myself or my property. I specifically grant this waiver of claims for myself, my heirs, devisees, legatees, and estate, and/or on behalf of my ward identified below, and will indemnify and hold harmless such institutions and individuals from any claims. This Community Service Assumption of Risk Statement shall be governed by the laws of the State of North Carolina, which shall be the venue for any legal action arising incident to this document.

Course _____ Instructor _____

Academic Term _____

Signed on this _____ day of _____

Signature of Participant (or ward)

Student id number

Printed Name of Participant

Signature of Parent/Legal Guardian of minor Participant