

Date: _____



WAIVER OF LIABILITY

I, _____, release the State of Colorado, The State Board for Community Colleges and Occupational Education, Trinidad State Junior College (“TSJC”), and its Employees from any liability for my decision to enroll in the _____ Program. **My academic advisor has informed me that I may not be able to secure employment in that field because prior activities in my past may hinder me from passing a background check, which is required by the employer.**

I understand that I take full responsibility for my decision and cannot hold any of the above entities or individuals accountable for my actions.

By signing this form, I acknowledge that I am about to participate in a course, program, or activity that has inherent risks, hazards and dangers that cannot be eliminated. I acknowledge that these include, without limitation, risks from the activity itself, transportation to and from the activity, risks connected with my physical condition and required exertion, risks from improper usage of equipment, and actions of other participants or spectators. I acknowledge that I am responsible to provide my health or accident insurance. I acknowledge that I may be photographed, videotaped, and/or recorded and I waive my photographic rights to TSJC.

For myself, I hereby knowingly and intentionally waive and release, indemnify and hold harmless the college, Trinidad State Junior College (TSJC), The State Board for Community College and Occupational Education, The State of Colorado, trustees, officers, employees, agents and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses and NEGLIGENCE of any kind of nature arising directly or indirectly from my participation in this course **due prior activities in my past that may hinder me from passing a background check, which is required by the employer.** to waive all claims for damages or losses against the state, the Board or the college.

I, _____ (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

Student Signature

Date

Academic Advisor

Date