



The Peninsula's Community College

THOMAS NELSON COMMUNITY COLLEGE

Release and Waiver of Liability

I, _____, presently residing at _____, wish to participate in the activity **CLINICALS** during the dates **January 2022** through **December 2023**. I understand that participation in the above named activity is voluntary on my part and involves an inherent risk of injury and I assume all the risks. I understand that the college may or may not provide supervision of the activity. In consideration for being allowed to participate in such activity, I understand and agree that the Commonwealth of Virginia, the Virginia State Board for Community Colleges, the Virginia Community College System, the Thomas Nelson Community College Board, the Thomas Nelson Community College, its agents and employees, shall not be liable to me for any injury, sickness or death or for damage to or loss of my property which may arise out of my participation in the said activity, directly or indirectly, no matter the cause, including the negligence of any such party, agent, or employee of the college. The only exception to the foregoing is in the case of injury, sickness, death or damage caused by the deliberate and intentional wrongful act of such agent or employee in which event the agent or employee will be liable to me as provided by law.

I represent that I am over the age of eighteen (18). If under eighteen (18), my parent or legal guardian has signed below. I understand that before signing the document, I have the right to discuss it with my lawyer, family member, or any consultant of my choice.

Date

Name of Student or Participant (Print)

Name of Witness (Print)

Signature of Student/Participant

Signature of Witness

Thomas Nelson Representative