

County College of Morris
214 Center Grove Rd., Randolph, NJ 07869
Hold Harmless and Indemnification Agreement

Event: **TRANSFER DAY 2019, RUTGERS UNIVERSITY-NEWARK, PAUL ROBESON CAMPUS CENTER, ESSEX ROOM**

Event Date(S): **FRIDAY MARCH 1, 2019 / 8:30AM – 1:30PM**

The Participant agrees to indemnify and hold harmless the County College of Morris, its board members, its administrators, its faculty, its employees, its volunteers and its agents from and against any and all demands, claims, suits, causes of action, bodily injuries, property damages, losses, penalties, and/or expenses, including attorney's fees, arising out of or resulting from any and all actions, accidents and events caused by or incurred by the Participant.

The Participant agrees to assume the entire responsibility and liability for all damages or injuries to himself/herself and all other persons and to all property, arising out of or in any manner connected with the County College of Morris due to his/her acts, negligence or alleged negligence and to the fullest extent permitted by law, the Participant shall defend and indemnify the County College of Morris, its board members, its administrators, its faculty, its employees, its volunteers and its agents from all such claims and Participant further agrees to pay all damages and costs resulting from such a claim including reimbursement to the College.

This release confirms Participant's understanding that his/her participation in this activity is on an individual basis, at Participant's own risk, for Participant's personal benefit, and that Participant is solely responsible for his/her well-being and personal property. The terms of this release shall be binding on participant's heirs, executors, administrators and assignees.

Participant's signature below signifies that he/she has read this form and understands the terms of the agreement. Participant agrees to abide by CCM's Student Code of conduct and the College's policies and procedures as a participant on this College sponsored trip.

Participant Name (Print): _____ **Phone #:** _____

Emergency Contact Name: _____ **Phone #:** _____

Participant Status: **Student** **Faculty** **Staff** **Guest**

I hereby certify that I am eighteen years of age or older:

Participant's Signature: _____ Date: _____

If Participant is a Minor:

I certify that I am the legal guardian of the participant and agree to all the terms and conditions noted above.

Legal Guardian Signature: _____ Date: _____

Print Name/Address of Legal Guardian: _____