

Bergen Community College

Accident Waiver of Claim and Release Form

Activity/Trip: _____

I, _____ voluntary

Print Name

assume all risks of loss, damage, illness or injury that I may sustain while participating in a Bergen Community College sponsored sport, program, event, or trip and in consideration of the right to participate in such sports, programs, events, or trips. I covenant to refrain from instituting, pressing, or in any way aiding in any claim, demand, action or cause of action for damages, costs, expenses or compensation against **Bergen Community College** its officers, agents, and employees for an account for, or hereafter grow out of any injury or loss which may occur during my participation in such programs, I release **Bergen Community College** its officers, agents, and employees from any and all claims, demands, and causes of action on account of any injury or loss which may occur during my participation in the above-mentioned activity, whether arising through the negligence, omission, default or other action of any person or organization associated with such activities. I also acknowledge that I am in proper physical condition for this specific activity; that I am aware of the risks inherent in this activity; and that I am aware of the prevailing weather conditions in the area that are predicted for the time of the event.

I also acknowledge that the Student Code of Conduct policy applies to all on and off campus college-sponsored activities and I shall adhere to the Code.

Signature of Participant

Birth date

Today's Date

Signature of Parent/Guardian if Participant is under
18 years of age

Today's Date

Name of Person to Notify in Case of Emergency: _____

PHONE: _____ RELATIONSHIP: _____



Bergen Community College

Health/Accident Insurance Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Student ID# or S.S. #: _____

HEALTH/ACCIDENT INSURANCE:

Name & Address of Insurance Co: _____

Policy #: _____

Name of person to notify in case of emergency: _____

Telephone #: _____ Relationship: _____

Signature of Participant: _____

Date: _____

Are there any allergies or medication you are currently taking that BCC staff should be aware of? _____

*Bergen Community College may require proof of health insurance when an activity may determine to present a health or accident risk.

