

SOUTH PLAINS COLLEGE
RELEASE AND HOLD HARMLESS STATEMENT

This form must be filled out and signed prior to camp start.

NAME _____ BIRTHDATE _____

In consideration of my participation in the South Plains College programs, I, do hereby, for myself, my heirs, executors, administrators and assigns, release, hold harmless and forever discharge the South Plains College District of and from any liability and claims, for damages, expenses, personal injury or death, which may arise in the future, related to connected with, or growing out of participation in said programs, including, but not limited to liability and claims arising from the negligence of the parties hereby released. I understand that the College District does not provide any hospitalization or medical insurance to cover me from hospital or medical expenses incurred related to participation in the program and that I am solely responsible for the payment of any and all hospital and/or medical bills including ambulance services.

In Case of Emergency, Contact:

NAME _____ RELATIONSHIP _____

HOME # _____ WORK # _____ CELL # _____

NAME _____ RELATIONSHIP _____

HOME # _____ WORK # _____ CELL # _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TALENT AGREEMENT

I willingly authorize the use of the voice and/or image of that of myself to be recorded with digital photography or on film, video, or audio tape for legitimate advertising, marketing, and public relations purposes only by South Plains College. I shall receive no compensation for participation in these activities. I hereby release South Plains College and its employees or agents from all liability whatsoever which may or might result from my participation in these activities. Having noted the terms so stated, I, being of legal age do hereby agree to allow South Plains College to use, publish, or copyright these audio and visual recordings, in which I participated in perpetuity.

NAME (PRINT) _____

SIGNATURE _____ DATE _____