

PARTICIPATION, LIABILITY WAIVER,
AND INDEMNIFICATION AGREEMENT

(This form is for in-person events when travel is involved. Not necessary for online events)

I will be participating in the (national career fair you will be attending) _____ in (city, state) _____ from (start date) _____ to (finish date) _____, with NC State University's Jenkins Career Management Center (the "Activity"). I acknowledge that this is a voluntary extracurricular activity and that my participation in the Activity is not mandatory. I have voluntarily elected to participate in the Activity and desire to do so at my own risk, and I recognize the possible and inherent danger and physical risks to my person and property resulting from this Activity. I assume responsibility for all risks involved in the aforementioned Activity, which may include, but are not limited to motor vehicle accidents, tripping, falling, personal injuries and property loss or damage. In consideration for being permitted to participate in this Activity, I further agree to assume responsibility for all damages, losses, and personal injury to others that is partially or completely due to my fault, and I agree to indemnify and hold harmless NC State University, its trustees, officers, employees from any liability arising from or proximately caused by my participation in this Activity. I further agree to assume responsibility for all damages, losses, and personal injury to others that is partially or completely due to my fault, and I agree to indemnify and hold harmless NC State University, its trustees, officers, employees from any liability arising from or proximately caused by my participation in this Activity. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

As a condition of participating in the Activity, I understand that I am subject to all rules, regulations, and requirements as to conduct at NC State, including the Code of Student Conduct and North Carolina laws. I further acknowledge that I have comprehensive health insurance coverage that will be in effect throughout my participation in this Activity, and understand that treatment for any medical problems I may suffer is my responsibility and will be paid by me and/or covered by my insurance.

Participant Signature*: _____ Date: _____

Printed Name: _____

Emergency Contact

Printed Name: _____

Phone #: _____ Relation to You: _____

* You may have to create a digital ID. Click the signature field and follow directions to "Create a new Digital ID".