

HOBART INSTITUTE OF WELDING TECHNOLOGY, TROY, OHIO 45373, U.S.A.

PLEASE PRINT

Name:	PERSON TO CONTACT IN CASE OF AN EMERGENCY Name:
Home Address:	
City, State, Zip:	Address:
Email:	City, State, Zip:
LOCAL ADDRESS WHILE IN SCHOOL - if same as above, indicate "same".	Phone:
City, State, Zip:	Relationship:
Phone:	OPTIONAL: Are there any medical conditions we should know about?

RELEASE OF LIABILITY & COVENANT NOT TO SUE

I (*Releasor*), being of lawful age, and for the sole consideration of receiving the privilege of entering the factories or any other buildings of the Hobart Institute of Welding Technology, or any premises leased to, owned by, sanctioned by, or under the control or supervision of Hobart Institute of Welding Technology, (*hereinafter referred to as HIWT*) **hereby expressly agree that I, and my personal or legal representative, distributees, guardians, administrators, heirs, executors, and assigns shall release, hold harmless, waive, and discharge**, HIWT, its officers, employees, servants, members, personal or legal representatives, heirs, executors, administrators and assigns from any and all past, present, or future claims, demands, actions, obligations, damages, costs, expenses, and suits at law or in equity of whatever cause or nature whatsoever, whether based in tort, negligence, contract, or for personal injury, death, property damage, or any other theory of recovery, and whether for compensatory or punitive damages, which I now have, or which may hereafter accrue arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property owned by me, while in or on the premises of HIWT or while I am en route to or from said premises.

By executing this release, I am expressly agreeing to hold HIWT harmless for claims involving its own negligence.

I HAVE CAREFULLY READ THIS RELEASE, FIND ITS TERMS CLEAR AND SPECIFIC, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I AM SIGNING THIS DOCUMENT OF MY OWN FREE ACT. I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS RELEASE.

Releasor Signature:	Date:
Parent/Guardian of Releasor (if under 18) Signature:	Date:
Witness Signature:	Date:

THANK YOU!