



WAIVER OF LIABILITY

I, _____ (name) wish to participate in the _____ Program with _____ (Dept. or project) at Southeast Arkansas College, host work site. By my signature below, I acknowledge that I waive any and all medical claims against Southeast Arkansas College arising out of the performance of my volunteer/summer work duties, whether for an on-site work-related injury, personal injury or otherwise.

I assume all liability in the event that I am injured while engaged in the summer youth employment program at Southeast Arkansas College. Attached to this waiver is a copy of proof of medical insurance, and other necessary proof of insurance coverage.

Dated: _____

Signed: _____