



CyberAuto Challenge 2024

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME:

DATE OF BIRTH (MO/DAY/YR):

LOCATION OF ACTIVITY: Macomb CC

Sports and Expo Center (Building P)

14500 E Twelve Mile Road

Warren, MI 48088

DATE OF ACTIVITY: July 21-26, 2024. I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the CyberAuto Challenge (and its staff, officers, and board members), Macomb Community College, and all professionals and industry representatives present. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them.

After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS On (Date): _____

Signature of Participant whose printed name appears above:

Signature

Witness

(Participant must sign in presence of Witness)