

Release Agreement

Applicant Name: _____

Date: _____

For and in consideration of my being permitted to participate in physical education courses/activities conducted by Wilson Community College for Basic Law Enforcement Training (BLET) in which I am an applicant

I hereby affirm that I am in good physical condition and that I have no limitations that will prevent my engaging in active exercise or that will be detrimental to my health, safety, comfort, and physical condition. I acknowledge that it is my responsibility to inform Wilson Community College of any change in my health state that may affect my ability to participate in any fitness class or activity. I am aware that injuries may occur in any physical activity, including exercise/aerobic classes. The utmost care will be given to provide instruction in safe exercise.

I do by these presents, for myself, my heirs, assigns, and representatives, forever release, give up, surrender, and quitclaim any and all rights which I might have against Wilson Community College, including all of its instructors, volunteers, trainees, and other personnel, and the agency _____ to recover from the institution, individuals, or agency, of or in any way connected with said activities.

Applicant Signature

Date

Training Officer Signature

Date

BLET Coordinator Signature

Date