**WaLLi Program**

**Phone: (256) 352-7818
Email:** **walli@wallacestate.edu** **Post Office Box 2000 801 Main Street NW
Hanceville, AL 35077**

STATE OF ALABAMA

CULLMAN COUNTY

**RELEASE FROM LIABILITY FORM**

I,  , the undersigned party, am a participant in the Wallace State Community College WaLLi program and as such have voluntarily chosen to participate in the college-sponsored activity/trip described below. In participating in said activity, I hereby release and hold harmless Wallace State Community College, the Alabama Department of Postsecondary Education, the Alabama state Board of Education, and any and all persons volunteering services to and/or employed by the aforementioned parties as well as any other agent or representative of said parties, from any liability, claims, demands, actions, and causes of action whatsoever, arising from or related to any loss, damage, or injury which might be sustained by me or my property during the course of my participation in such activity, including transportation to, from, and upon the site(s) of the activity.

The date, place, and nature of the subject activity are as follows:

This release shall be binding upon my distributes, heirs, next of kin, executor and administrators of my estate, I am signing this release on this the day of , 20\_\_\_\_.

Please Print Name Student Signature