Mercyhurst College
Center for Public Safety

Health Release Form

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness Incurred during or after my participation in the Municipal Police Officer Training (Act 120 training) sponsored by the Mercyhurst Center for Public Safety. The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or as a result of the activities engaged in by the undersigned during the Act 120 Training examination including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, and patent or latent which the undersigned may have against the Mercyhurst College Center for Public Safety, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above mentioned event.

I HEREBY STATE THAT I HAVE READ THE CONTENTS OF THIS RELEASE, THAT I FULLY UNDERSTAND THE SAID CONTENTS OF THE RELEASE, AND THAT I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.

Print Name: _____

Signature:_____ Date:_____