

RELEASE OF INFORMATION FORM

By initialing below, I hereby authorize Trenholm State Community College – Workforce Development Division to release my Course Attendance and Training Results as it relates to my safety, skills, and knowledge training to:

_____.

This authorization for release shall remain in effect until I notify Trenholm State Community College, in writing, that my records are no longer to be released.

_____ initial to indicate acceptance

AUTHORIZATION FOR PHOTO RELEASE

I, the undersigned, hereby authorize Trenholm State Community College – Workforce Development Division to use photographs, which I have voluntarily allowed to be taken by College representatives. I understand that such use may include, but shall not be limited to, publications, slide shows, web pages or in other official college printed publications without further consideration, and I acknowledge the college's right to crop or treat the photograph at its discretion. I also acknowledge that the college may choose not to use my photo at this time but may do so at its own discretion at a later date.

I hereby waive any right and release any claim to which I or my heirs may otherwise be entitled by law to assert against Trenholm State Community College – Workforce Development Division and/or its officers, agents, employees or representatives (“Released Parties”) on account of injury sustained to my reputation including, but not limited to, any claims for libel, slander, defamation of character and invasion of privacy as a result of such publication. I also understand that once my image is posted on Trenholm State Community College's website, the image can be downloaded by any computer user on or off campus. Therefore, I agree to indemnify and hold the Released Parties harmless from any claims.

I fully understand the comprehensive nature of this release and voluntarily consent to sign it.

_____ initial to indicate acceptance

RELEASE FROM LIABILITY

I, the undersigned student of Trenholm State Community College – Workforce Development Division have chosen to enroll in the _____ class conducted by Trenholm State Community College – Workforce Development Division. I am familiar with the subject matter of the course, and I understand that there is an inherent risk of injury in the activities in which I shall participate as part of the course. In that regard, I hereby willingly accept, for myself, and my heirs and assigns, full responsibility and liability for any injury or harm that I might suffer or incur during, or as a result of, my participation in said course. Furthermore, I, for myself, and my heirs and assigns, hereby release and hold harmless and indemnify Trenholm State Community College – Workforce Development Division, the Alabama Community College System and the Alabama Community College System Board of Trustees and their respective officials, members, employees, agents, representatives and contractors from and against any claim or liability relating to any personal injury, death or harm of any nature that I might suffer or incur during, or as result of, my participation in said course or activity.

_____ initial to indicate acceptance

Signature: _____ Date : _____

For Office Use Only: _____ WFDD _____ Cashier Date: _____
Initials Initials

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Trenholm State Community College (“the College”) has put in place preventative measures to reduce the spread of COVID-19; however, the College **cannot guarantee** that you will not become infected with COVID-19. Further, **attending the College, participating in College led classes, trainings or labs could increase** your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the College and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the College may result from the actions, omissions, or negligence of myself and others, including, but not limited to, College employees, other students, vendors or affiliates and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the College or participation in College activities (“Claims”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the College, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the College, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any College services.

Remote Instruction Clause: *In the event Trenholm State Community College should experience the need for all in-person classes to transition to remote instruction due to pandemic or other event warranting the need for such plans, such communication will be provided to students. This communication will provide details pertaining to the program's remote instructional plan to complete the necessary theory, lab, and/or clinical to meet the course objectives necessary for successful course completion in a remote environment. For further information concerning this please contact Danny Perry, Dean of Workforce Development and Career and Technical Education at 334-420-4277 or dperry@trenholmstate.edu*

Signature of Student: _____ **Date:** _____

Print Name of Student: _____

Signature of Parent/Guardian: _____ **Date:** _____

Print Name of Parent/Guardian (if Student Under 18): _____

For Office Use Only: _____ WFDD _____ Cashier Date: _____
Initials Initials