



Northern Marianas College

CNMI Technology Partners Increasing Employment Through Coordinated Services Program

P.O. Box 501250 · Saipan, MP 96950 U.S.A.
Phone: (670) 234-5498 ext 6801

Program Participant Waiver and Consent Form

Your Name:	
Date of Birth:	
Address:	
Phone/Email:	

Risks

Taking part in this program may include activities that have some risks. These risks could include injury, illness, damage to personal property, or other losses. Some risks may come from your own actions, the actions of others, or from the place or equipment used. Staff will do their best to keep you safe, but they cannot remove all risks.

Your Responsibility

Joining this program is your choice. You confirm that you are physically, mentally, and emotionally able to participate. If you need accommodations to participate safely, you agree to let staff know.

Release of Liability

By signing this form, you agree: You release the program, its staff, volunteers, and partner organizations from any claims or costs that might come from your participation. This includes claims related to accidents or negligence (unintentional mistakes).

Medical Care

If there is an emergency, you allow staff to get medical help for you. You understand that you will be responsible for any medical costs.

Agreement

By signing (or checking the box) below, you agree that: You have read and understood this form. You are signing voluntarily.

I confirm that I have read and agree to this waiver. My name shall serve as my signature instead of signing by hand.
