

## EXHIBIT B

### Delaware Technical & Community College Stanton Campus Sprinkler Systems and Burn Lab

Name: \_\_\_\_\_

Print Name of Participant

**Event Description/Location:**

**Dates of Event:**

I, the undersigned, acknowledge that I am on behalf of myself, or as the parent or guardian of the participant, voluntarily choosing to participate in (name of company) activities at the Stanton Campus of the Delaware Technical & Community College (the "College") provided (name of company), a Delaware corporation ("Provider") I recognize that participation in Sobieski Life Safety, LLC Training activities may expose the participant to above-normal risks to my personal safety. I understand that following the safety instructions and procedures of the Burn Lab and Provider will aid in minimizing these risks, and the participant agrees to comply with them. I believe that the participant has no physical or psychological problems that would prohibit safe participation in this activity, and believe the participant to be in good physical condition. I recognize that the training provided hereunder is offered by and the sole responsibility of Provider.

Nevertheless, I understand that while the College has taken precautions to provide a safe environment at the Burn Lab, it is impossible to guarantee my absolute safety during the (name of company) Training. I understand that I share in the responsibility for my safety, and I assume that responsibility on my own free will. I also acknowledge that participation (name of company) Training involves the risk of injury including, but not limited to, serious disabling injuries or even death. However, knowing the material risks involved with this activity, and reasonably anticipating that other injuries and even death are a possibility, I on behalf of myself, child, or ward, hereby expressly assume all possible risks of injury and even risk of death, which could occur directly or indirectly out of my participation in the (name of company) Training.

In consideration of, and as part payment for my participation in the (name of company) Training , I assume on behalf of myself, child, or ward, all of the above risks and will release, indemnify, hold harmless, and defend the College, its trustees, employees, officers, contractors, insurers and agents for any and all liability including but not limited to litigation, settlements, negligence actions, claims, debts and demands of every kind whatsoever which occur directly or indirectly as a result of my participation in the (name of company) Training. The terms of this release, indemnification and assumption of risk serve as a release and assumption of risk for my heirs, executors and administrators.

By signing my name below, I certify that I am eighteen years of age or older or with the legal authority to sign on behalf of the participant, have read, understand, and enter into this release, indemnification, assumption of risk freely and voluntarily.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature (if applicable)

\_\_\_\_\_  
Date