South Puget Sound Community College Office of Student Life Informed Acknowledgement of, and Consent to Risks, and Release of Liability

Activity/Event Name:	Location:		
Departure Date and Time:	Return Date and Time:		
I am aware that during this activity/event certain datype to either me or a fellow participant. Such injury possibility of emotional injury experienced as a resinjury can range from minor cuts, scrapes, or muscinjury can impair my general physical and mental husiness, social and recreational activities, and ge	y can include direct physical and possibly cr ult of witnessing or actually inflicting injury of the strains to catastrophic injury, such as con nealth and hinder my future ability to learn, to	ippling injury or death to me or death to another. The seven mplete paralysis or even dea	, and the erity of such ath. Such
The purpose of this WARNING is to bring to your a There is, however, always the risk of other types of understand that neither the College nor any of its a College does not provide any insurance, regular not or event and the services arranged for me by Sout to and do voluntarily and knowingly assume all the activity. I am doing this of my own free will. For any own behalf and on behalf of my heirs, assigns, exect do hereby release and forever discharge the STAT departments, including but not limited to SOUTH For claims, liability, debts, demands, damages and caus which may arise out of my participation in this even unanticipated damages arising out of my participated legal guardian must sign for all persons under	f injuries or the risk of injury or death resulting agents or instructors serve as guardians or incomplete sound Community College, by sign above mentioned risks and any other risks d in consideration of the opportunity to particle cutors, administrators, all members of my factors, administrators, all members of my factors. FOR WASHINGTON and its officers, agen PUGET SOUND COMMUNITY COLLEGE, for uses of action of any nature whatsoever, incomit or activity. This is a final, conclusive and coion in this event or activity, as well as those	ng from other causes not spensurers of my safety, and that nof, the right to participate in ing this form I acknowledge arising from my participation cipate in this activity or eventamily, and other successors ts, employees, agencies and luding serious bodily injury complete release of all unknowns.	ecified here. at the n the activity I am willing n in the t, I, on my in interest, d future or death, own and
I HAVE FULLY INFORMED MYSELF OF THE CO BEFORE SIGNING IT. I EXECUTE IT AS CONSIE WITH FULL KNOWLEDGE THAT BY SIGNING IT ENTITLED TO ENFORCE. I UNDERSTAND IT AN CHILD.	DERATION FOR THE RIGHT TO PARTICIP I HAVE WAIVED LEGAL RIGHTS THAT I V	ATE IN THE EVENT OR AC WOULD OTHERWISE HAVE	CTIVITY, E BEEN
Signature of Participant	Date of Birth	Date	
Signature of Parent or Legal Guardian (If participal Participant Information (Print)	ant is under 18 years of age)	Date	
Name:	Phone-		
Address:			
Allergies:			
In Case of Emergency Notify (Name):			
Relationship:	Phone:	·	