

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 dangers may occur. Participation in this activity or event may involve injury of some type to either me or a fellow participant. Such injury can include direct physical and possibly crippling injury or death to me, and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury or death to another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis or even death. Such injury can impair my general physical and mental health and hinder my future ability to learn, to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

The purpose of this **WARNING** is to bring to your attention the existence of potential dangers associated with this activity or event. There is, however, always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here. I understand that neither the College nor any of its agents or instructors serve as guardians or insurers of my safety, and that the College does not provide any insurance, regular nor special, for my protection. In consideration of, the right to participate in the activity or event and the services arranged for me by South Puget Sound Community College, by signing this form I acknowledge I am willing to and do voluntarily and knowingly assume all the above mentioned risks and any other risks arising from my participation in the activity. I am doing this of my own free will. For and in consideration of the opportunity to participate in this activity or event, I, on my own behalf and on behalf of my heirs, assigns, executors, administrators, all members of my family, and other successors in interest, do hereby release and forever discharge the STATE OF WASHINGTON and its officers, agents, employees, agencies and departments, including but not limited to SOUTH PUGET SOUND COMMUNITY COLLEGE, from any and all existing and future claims, liability, debts, demands, damages and causes of action of any nature whatsoever, including serious bodily injury or death, which may arise out of my participation in this event or activity. This is a final, conclusive and complete release of all unknown and unanticipated damages arising out of my participation in this event or activity, as well as those now known or disclosed **(Parent or legal guardian must sign for all persons under eighteen (18) years of age.)**

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS INFORMED CONSENT AND RELEASE BY READING IT BEFORE SIGNING IT. I EXECUTE IT AS CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN THE EVENT OR ACTIVITY, WITH FULL KNOWLEDGE THAT BY SIGNING IT I HAVE WAIVED LEGAL RIGHTS THAT I WOULD OTHERWISE HAVE BEEN ENTITLED TO ENFORCE. I UNDERSTAND IT AND VOLUNTARILY ACCEPT IT, ON MY OWN BEHALF OR ON BEHALF OF MY CHILD.

Signature of Participant

Date of Birth

Date

Signature of Parent or Legal Guardian (If participant is under 18 years of age)

Date

Participant Information (Print)

Name: _____ Phone: _____

Address: _____

Allergies: _____ Medications: _____

In Case of Emergency Notify (Name): _____

Relationship: _____ Phone: _____