



SEATTLE COLLEGES

Central • North • South • SVI

ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT

EXTRACURRICULAR ACTIVITIES (not related to course curriculum)

Use the assumption of the risk form for all activities that may involve significant risk to the student. This assumption covers extra-curricular activities for all students, including minors.

I would like to participate in the _____ (“the activity”) conducted by ***Name of Institution***. I, the undersigned participant, agree to the following:

Assumption of Risk. I hereby acknowledge that I am aware of inherent risks involved in participation in the ***Event Name***, including but not limited to ***(any critical information attendees needs to be aware of like injury, death, falls, sprains, broken bones, and automobile accidents)*** while traveling to and from or at the destination, and I hereby assume any and all of these risks of injury that may result from my participation in the activity., sign your name below.

Signature

Date Signed

Print Name

*Use the release of liability for all extra-curricular activities that may involve significant risk to the student. This release should only be used for students **over the age of 18 or the Parent/Guardian if under 18** and should not be used for activities that are an integral part of a curricular class or program. Minors are not bound by this release but agree to assume the risks by signing above.*

Release of Liability. I or my child/ward would like to participate in the ***Event Name*** conducted by the ***Name of Institution***. I hereby release and hold harmless the State of **Washington**, the ***Name of Institution***, its board of trustees, employees, and agents from and against any and all claims, or damages arising out of or in connection with participation in this activity. I am of legal age and having read this Agreement, understand its terms and desire to participate in the activity and agree to be bound by the terms of this agreement. If you acknowledge this risk and release liability, sign below.

Signature Student (Parent/Guardian if under 18)

Date Signed

Print Name

Emergency Contact Information:

Name: _____

Phone: _____

Student Information:

Student Birthdate: _____

SID: _____

Email Address: _____

Note to Instructor- Hard copies of signed forms must be with the instructor during the field trip

Updated March 2, 2017