COLUMBIA BASIN COLLEGE
ASSUMPTION OF RISK
For Students Participating in Field Trips and/or College Activities

Activity/Event: **Volleyball Summer Camp 2013** **Location:** **G 001 (GYM)**

Division/Dept: **Athletics** **Dates Covered:** **June 25- July 25, 2013**

Participant Name: **(Print)** _____ **Date of Birth:** _____

Home Address: _____ _____**Phone:** _____
STREET CITY STATE ZIP

The undersigned participant and his or her parents or legal guardian, if participant is under the age of eighteen (18), does (do) hereby execute this Assumption of Risk for himself (herself) (themselves), and his (her) (their) heirs, successors, representatives and assigns, and hereby agree(s) and represent(s) as follows:

I am aware that during my participation in: **Volleyball Summer Camp 2013** **(name of specific event or activity),** under the arrangements of: _____ **Name of student club, college class, etc.),** certain dangers may occur, including but not limited to: **(list very specific hazards)**, e.g. running or walking on roads and other surfaces, including injuries from surface conditions, injuries from running or walking in general, injuries from other runners or walkers or other spectators or non-participants, and the forces of nature). **Slips, trips, falls, bruises, other minor injuries resulting from contact sport** _____
_____
_____.

I understand that **Volleyball Summer Camp 2013** **(name of specific event or activity)** is an inherently dangerous activity and that the risks associated with this activity are generally recognized as dangerous.

In consideration of, and as part payment for, the right to participate in the specific event referenced above, and arranged for me by Columbia Basin College, I have and do hereby hold Columbia Basin College the student club/college department referenced above, harmless from any and all liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever which may arise of or in connection with the specific event/activity referenced above. The terms thereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family, including minors accompanying me.

I understand that the specific event or activity referenced above has many inherent risks from the standpoint of being basically a physical sport and/or activity. I acknowledge these risks and voluntarily agree to participate in this event/activity as referenced above at my own risk.

I, the undersigned, have read this Assumption of Risk and understand its terms and the risks involved and accept these risks. I understand and agree by my signature hereon that I have had the opportunity to discuss this document with anyone that I might choose and that I freely sign it.

I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.

_____	/ _____	_____
Signature of Participant	**(Print Name)**	**Date**
_____	/ _____	_____
Signature of Parent or Guardian if participant is under 18 years of age	**(Print Name)**	**Date**
_____	/ _____	_____
Signature of Witness	**(Print Name)**	**Date**

APPROVED AS TO FORM: ATTORNEY GENERAL'S OFFICE
July, 2005

COLUMBIA BASIN COLLEGE
MEDICAL CONSENT
For Students Participating in Field Trips And/Or College Activities

I, _____ and_____,
(Print Student's Name) **(Parent of student under the age of eighteen)**,

hereby grant Columbia Basin College authority to consent to medical treatment on: **(Print Student's name)** _____**'s** behalf should the above named student become injured or otherwise incapacitated during a field trip or activity associated with the College.

The College may hereby make any arrangements that are appropriate and in the best interests of the **student named and referenced above** upon his/her injury and incapacitation, for **the above named student's** emergency medical, surgical or dental care;

To give consent in my name to any and all types of medical treatment or procedures, dental treatment or procedures or surgical procedures for the **above referenced student;**

To give consent in my name to the disclosure of any confidential or privileged communication or information related to the rendering of any care for the **above referenced student;**

To employ physicians, surgeons, nurses, dentists, or any other individual or institution necessary in order to render the **above referenced student**, any of the types of care authorized by this Medical Consent.

A photocopy of this instrument shall be deemed an original for all purposes.

THIS MEDICAL CONSENT FORM EXPIRES: July 26, 2013 .

If any part of this Medical Consent Form is held to be invalid under any law, the remainder of this instrument shall not be affected by such invalidity.

IN WITNESS WHEREOF, I have executed this Medical Consent Form on _____, _____.

_____ / _____		_____
Signature of Participant	**(Print Name)**	**Date**
_____ / _____		_____
Signature of Parent or Guardian if participant is under 18 years of age	**(Print Name)**	**Date**

APPROVED AS TO FORM: ATTORNEY GENERAL'S OFFICE
July, 2005