



COLUMBIA BASIN COLLEGE
ASSUMPTION OF RISK

For Students Participating in Field Trips and/or College Activities

Activity/Event: Location: Division/Dept: Dates Covered:

Participant Name: (Print) Date of Birth: Phone:

Home Address: Emergency Contact and Phone:

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: (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).

I understand that (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