DATE: July, 2005

TO: All College Divisions/Departments/Programs

FROM: Bill Saraceno, Vice President for Administration

RE: Assumption of Risk and Medical Consent Forms

The general release waivers and special power of attorney forms previously used by the college for instructional field trips, off-campus travel, and college sponsored student activities will no longer be used by the college. Recent research by the Attorney General's Office concludes that general releases from liability are unenforceable and are against public policy. It has been recommended by the AGO that the college use **Assumption of Risk forms and Medical Consent forms.** The AGO has authorized the use of the attached forms, which will supersede all previous risk forms.

We are implementing the use of these new forms immediately. They are available as a PDF document for divisions, departments and programs to print and use as per the directions on the attached pages. You can save this PDF document as your own file to print these forms as needed.

As in the past, these forms are to be used for students participating in off-campus travel (including instructional field trips) and college sponsored student events, where students participate in activities that may be "inherently dangerous".

Questions regarding the use of these forms can be directed to the Office of the Vice President for Administration, ext. 2703.

Staff Information sheet.
Forms on following pages.

COLUMBIA BASIN COLLEGE
ASSUMPTION OF RISK AND MEDICAL CONSENT FORMS
For use with Travel and/or Facility Use

PROCEDURE UPDATES July, 2005

If you have any questions regarding the use of these forms, please call the office of the Vice President of Administration, Ext. 2703.

Faculty or Advisor Staff – are responsible to obtain **Assumption of Risk** and **Medical Consent** forms for each student participating in those activities deemed to be inherently dangerous activities, (such as student field trips and college sponsored student events and activities) and indicate on **CBC Travel Authorization form or CBC Facility Use form** that they are on file. **Faculty or Advisor Staff must outline specific risks expected during travel or event activities on Assumption of Risk forms**.

If applicable to similar type of field trips, faculty members can use same Assumption of Risk forms for the Quarter, **but should make note** on all subsequent Travel Authorizations that the college approved Assumption of Risk and Medical Consent forms are on file.

College sponsored student events and activities require Assumption of Risk and Medical Consent forms per each event if deemed to be inherently dangerous and must note on the Facility Use form that those forms will be obtained prior to event.

Note: Both the Assumption of Risk form and the Medical Consent form need to be used for all participating students.

Additional non-staff adults (i.e. volunteer chaperones, etc) involved in inherently dangerous activities must also sign the Assumption of Risk form.

Divisions/Departments - after dean's approval, indicate under "remarks" section of Travel Authorization form or Facility Use form that Assumption of Risk Forms and Medical Consent Forms have been collected, and send Travel Authorization form or Facility Use form on for further approvals and processing**. (Do not send Assumption of Risk forms or Medical Consent forms – keep them in your area).** Copy of approved Travel Authorization or Facility Use form will be sent to faculty or advisor staff. ***NOTICE: Travel forms and Facility Use forms will not be approved without written verification that Assumption of Risk and Medical Consent forms are completed in full, signed, and on file. Signed Assumption of Risk and Medical Consent forms must be completed in full, signed and in the possession of the faculty or advisor staff prior to a student or non-student participating in an inherently dangerous activity.***

Assumption of risk forms and medical consent forms must be kept on file for six (6) years, according to Washington's Community & Technical College System General Retention Schedule.

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:** _____

Home Address:_____ **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

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 :_____.

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 _____, 200__.

_____ / _____ _____
Student's Signature (**Print Name)** **Date**

_____ / _____ _____
Signature of Parent or Legal Guardian Of Student Under the Age of Eighteen **(Print Name)** **Date**

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

Columbia Basin College

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or Vietnam veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 542-5548. Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 542-4412, or TTY/TDD at (509) 546-0400. This notice is available in alternative media by request.