

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT
FOR YOUTH PARTICIPATING IN
PROGRAM/ACTIVITY NAME**

[_____]

1. Program Information (To be completed by Program/Activity leader)

Host Department: _____ CBC Host Name: _____

CBC Host Phone and Email: _____

Start/End Date/Time of Program/Activity: _____

Location of Program/Activity: _____

Activities will include: _____

Details of the environment, including any potential hazards: _____

Materials and/or tools used: _____

Risks inherent in this Activity include _____

as well as other bodily injuries or illness, including illness due to exposure to infectious diseases.

2. Consent and Acknowledgement (To be completed by parents or guardians of youth participants)

Participant Name: _____

I acknowledge that there are certain risks inherent in this program and its activities, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those risks as beyond the control of CBC employees. I represent that my child is able, with or without accommodation, to participate in this program, is able to use the equipment and/or supplies described above, and has obtained any required immunizations.

Should my child require emergency medical treatment as a result of accident or illness arising during the program, I consent to such treatment. I acknowledge that Columbia Basin College does not provide health and accident insurance and I am financially responsible for any medical bills incurred as a result of emergency medical treatment. **I will notify the CBC Host in writing if my minor child has medical conditions about which emergency medical personnel should be informed.**

In case of emergency, please contact me at (_____) _____ - _____ ext. _____

Signature

Date

Print Name

Relationship to Youth Participant

3. Disability Accommodations

To request disability accommodations, please contact the [Disability Support Services Office](#) at least 10 days in advance of the event by calling (509) 542-4412 (voice); Washington Relay Service at 771 or (800) 833-6384 (TTY); or emailing dss@columbiabasin.edu.