

Columbia Basin College - Waiver & Release of Liability

READ CAREFULLY BEFORE SIGNING - Leave nothing blank

Instructions: Read each statement below before completing and signing this Waiver & Release. Parent/Guardian consent is required for participants under the age of eighteen (18).

1. **Agreement:** This Agreement is entered into pursuant to and under the authority granted by the laws of the State of Washington and any applicable federal laws. In consideration for my participation in this Columbia Basin College (CBC) sponsored activity I acknowledge, understand and agree to the following:
2. **CBC Policies and Procedures:** I will comply with CBC's Safety, Security and Conduct Policies and Procedures, and provisions of Washington State Administrative Code 132S, including but not limited to regulations on Parking and Traffic, Health and Safety, Distribution of Materials, and any and all applicable policies and procedures relating to the use of CBC facilities. (Copies of the Fitness Center Policies are available upon request.)
3. **Readiness to Participate:** I voluntarily and of my own free will elect to participate in activities, programs and use of the facilities and equipment of the CBC Fitness Center and Gymnasium. I will only participate in those activities and programs for which I believe I am physically and psychologically prepared to participate.
4. **Medical Treatment and Consent:** I acknowledge that it is recommended that I obtain a physician's approval prior to my participation in any physical activity or use of exercise or other equipment. In the event that CBC must obtain on my behalf or provide emergency medical care and/or first aid from a medical facility, emergency medical staff and/or CBC personnel for my immediate welfare, I give my consent for the same and shall hold harmless CBC, its employees, volunteers, trustees, directors, officers, agents, or assigns for any injuries or losses to my person or property arising out of such care.
5. **Insurance Statement:** I understand that it is my responsibility to obtain appropriate medical insurance coverage, and/or provide payments for all costs that may arise as a result of injury or damage related to my participation in this activity.
6. **Assumption of Risk:** I am fully aware of and appreciate the risks associated with participation in this activity, including the risk of catastrophic injury, paralysis and even death, as well as other types of injuries, loss or damages to my person or property. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of CBC, its employees, volunteers, trustees, directors, officers, agents, or assigns.
7. **Indemnification and Release of Liability:** I, for myself and on behalf of my heirs, next-of-kin, spouse, agents, assigns, and personal representatives, agree to indemnify, defend, release and hold harmless CBC, its employees, volunteers, trustees, directors, officers, agents, or assigns against all claims, causes of action, or liability for any injury, loss of property, loss of life, or any other loss, expenses, costs, including attorney's fees, or damage arising out of my participation in [ACTIVITY NAME], use of CBC's equipment or facilities, or care rendered by CBC for my welfare, even if arising out of negligence.
8. **Jurisdiction and Venue:** This Agreement is entered into pursuant to and under the authority granted by the laws of the State of Washington. The venue for any disputes arising under this Agreement shall be Franklin County, Washington.
9. **Severability:** I agree that this Release and Waiver Agreement is governed by the laws of the State of Washington and is intended to be as broad and inclusive as is permitted by Washington State law, and that in the event any portion of this agreement is determined to be invalid or unenforceable for any reason, such invalidity or enforceability shall not affect the remaining provisions of this Agreement, which shall remain in full legal force and effect.

10. Emergency Information: The following information is needed on file in the chance there is an emergency within the Fitness Center. Your emergency contact will be notified and your personal information will be given to EMS in the event that they are called.

Personal Information

Legal Name:		
Current Address:		
City:	State:	Zip:
Phone Number:		DOB:

Emergency Contact Information

Name:	
Relationship:	Phone:

My signature below is my acknowledgement that I have read, understood and agree to the provisions of this Waiver & Release of Liability, and I sign it freely and voluntarily without inducement.

Participant's Signature: _____ Date Signed: _____

Printed Participant's Name: _____ Student ID #: _____

FOR PARTICIPANTS UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION:

I, as parent/guardian with legal responsibility for this participant acknowledge that I have read, understood and consent to this Waiver & Release of Liability and have explained the risks of the activity to the participant.

Parent/Guardian Signature: _____ Date Signed: _____

Printed Parent/Guardian's Name: _____ Phone: _____