

COLUMBIA BASIN COLLEGE
ASSUMPTION OF RISK AND MEDICAL CONSENT FORMS
For use with Travel-Field Trips-College Endorsed Activities

If you have any questions regarding the use of these forms, please call the office of the Vice President for Administrative Services, Ext. 2346.

Faculty or Advisor Staff – are responsible to obtain **Assumption of Risk** and **Medical Consent** forms for each student participating in 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** 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 travel forms that those forms will be obtained prior to event. If an event is on campus, information must be provided on 25LIVE reservation. This information can be a statement that forms are on file with advisor/or department.

Note: **Both** the Assumption of Risk form and the Medical Consent form need to be used for all participating students. Faculty or Advisor Staff should have possession of both forms during the travel and/or the student event/activities.

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 24LIVE request that Assumption of Risk Forms and Medical Consent Forms have been collected. Send Travel Authorization form on for further approvals and processing. **(Do not send Assumption of Risk forms or Medical Consent forms – keep them in your area).** **NOTICE: Travel forms and 25LIVE requests will not be approved without a written statement 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:** _____ **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** _____

**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 _____, 20____.

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

Date

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

Date