INFORMED ACKNOWLEDGEMENT OF AND CONSENT TO HAZARDS AND RISKS OF BIG BEND COMMUNITY COLLEGE ACTIVITY

I, , a student at Big Bend Community College, hereby acknowledge and certify the following:

1. I am voluntarily choosing to participate in the activity of I hereby accept full personal responsibility for my own actions and conduct in this activity, including making sure that I know (a) all of the risks and dangers that I may encounter in this activity, and (b) how to exercise reasonable care to avoid or minimize those risks and dangers.
2. I agree to conduct myself in accordance with Big Bend Community College's code of student conduct, including its rules on Student Rights and Responsibilities, Washington Administrative Code Chapter 132R-04.



1. I understand that I am not permitted to use, and I specifically declare and agree that I will not use any alcohol or illegal drugs in conjunction with this activity.
2. I certify that I am in good health and have no physical, medical, mental or emotional impairments, conditions, or concerns that might jeopardize or affect my safety or the safety of others, related to my participation in this activity.
3. I understand that there are certain risks and dangers associated with my participation in this activity, including (but not necessarily limited to) risks of the following: Illnesses, accidents and injuries. I hereby voluntarily accept and choose to encounter these and all other risks and dangers arising from or associated with my participation in this activity.
4. I understand that neither the college nor any of its agents or employees serve as guardians or insurers of my safety. I further understand that the college does not provide any special insurance for my protection, and that it is my responsibility to obtain any appropriate insurance.
5. I understand that if I drive my own motor vehicle or otherwise arrange my own transportation to, during, or from the activity, I am responsible for myself, my own safety, the safety of my passengers, and the security of my vehicle. By signing this, I also acknowledge that I have a valid driver's license and that my vehicle is insured in accordance with state law. The college does not pay for any damages or injury suffered in the course of traveling in private vehicles.

8·. In case of emergency, I request that the college contact:

Address \_ \_ Phone #-----------------------



TURN PAPER OVER TO COMPLETE AND SIGN

I certify that I am at least eighteen (18) years of age and am competent to sign this Acknowledgement and Consent. Alternatively, if I am under age 18, a parent or legal guardian must also sign.

9. I HAVE READ, AND FULLY UNDERSTAND THIS ACKNOWLEDGEMENT AND CONSENT, AND AM SIGNING IT VOLUNTARILY, UNDER NO COMPULSION. I NOW KNOWINGLY ACCEPT AND CHOOSE TO ENCOUNTER ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THIS ACTIVITY.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

(Date) (Student's Signature)

(Student's ID Number)

The student is under eighteen (18) years of age, and I make the same certification on behalf of the student and myself. In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I hereby give authorization to Big Bend Community College to seek treatment for my child by a licensed physician.

(Date) (Parent/Legal Guardian)