

**INFORMED ACKNOWLEDGEMENT OF AND CONSENT TO HAZARDS AND RISKS CONNECTED
WITH A COLLEGE ACTIVITY WHICH INVOLVES TRAVEL BY MOTORIZED VEHICLE**

Activity: _____

Please Read Carefully and Be Sure You Understand Before You Sign

WARNING

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with your participation in the transportation portion of the activity listed above, which may involve injury of some type to either yourself or others. Such injury or injuries would be those associated with a motor vehicle accident, and can include direct physical and possibly crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing injury to another. A motor vehicle accident can involve the risk of serious injury to virtually every part of the human anatomy. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, including the possibility of death; neck and spinal injuries which can result in complete or partial paralysis; brain damage; eye, dental, hearing, and other head injuries; injury to the body's nerves, blood vessels, and internal or reproductive organs; and injury to the body's bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life. There is, however, always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here.

The purpose of this WARNING is also to aid you in making an informed decision as to whether you should participate in this activity and, as a condition of such participation, you are required to sign this **ACKNOWLEDGMENT OF HAZARDS AND RISKS** connected with such participation.

In addition, its purpose is to make you aware that it is your responsibility to be very alert as to matters of your personal safety and to require you to learn as much as possible from and ask questions of knowledgeable persons that you might have at any time regarding your safety and well being and the safety of the activity.

ACKNOWLEDGEMENT OF HAZARDS AND RISKS

I, _____, (name) want to participate in the activity conducted by Big Bend Community College, as listed specifically at the top of this form. I have read the above WARNING and I understand that the transportation portion of this activity involves the RISK OF INJURY OF DEATH, as a result of a motor vehicle accident. I also understand that by participating in this Big Bend Community College activity, which involves transport by a motorized vehicle, I am subject to the possibility of injury or death as outlined in the WARNING above.

By signing this **ACKNOWLEDGEMENT OF HAZARDS AND RISKS**, I acknowledge that I have read and understand its contents and agree with its terms, have had an opportunity to ask questions and seek advice, that I am age 18 or over, or if not, that my parents hereby make these promises on my behalf, and that I choose to participate in the Big Bend Community College activity listed above.

Signature (if under 18 years of age, signature of custodial parent)

I am student/parent of student (cross out one).

WITNESS/COLLEGE OFFICIAL:

Big Bend Community College Representative, Position, and Date

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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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:

Name _____

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)