

INFORMED ACKNOWLEDGEMENT OF AND CONSENT TO
HAZARDS AND RISKS OF WHATCOM COMMUNITY COLLEGE ACTIVITY

I, _____, a student at Whatcom Community College, hereby acknowledge and certify the following:

- 1) I am voluntarily choosing to participate in the activity of: _____.
- 2) 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 or dangers.
- 3) I understand that there are certain risks and dangers associated with my participation in this activity, including (but not limited to) risks of: illness, accident, injury, etc. 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 agree to conduct myself in accordance with Whatcom's code of student conduct, including its rules on Student Rights and Responsibilities, Washington Administrative Code, Chapter 132U-126.
- 5) 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. This restriction will last from the moment I depart Whatcom Community College for the activity until I return, 24 hours a day, and includes members of any age. There will also be no conveyance of alcohol or illegal drugs in state vehicles.
- 6) I understand that neither the College nor any of its agents or employees may 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 Washington state law. The College will not pay for any damage or injury suffered in the course of traveling in private vehicles.
- 8) I understand and agree that neither the College nor any college personnel may be held liable in any way for any occurrences in connection with the activity named above. I hereby release and hold harmless the College, its officers, directors, employees, instructors, sponsors, and agents from any and all liability for injury to my person or property, whether foreseen or unforeseen caused in any manner by my participation in the activity.

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Disability accommodations: Any student participant in the above named activity requiring auxiliary aids, services, or reasonable accommodations should contact the Access and Disability Services office located in Laidlaw Center 116 or call 360.383.3080 or 360.255.7182 (videophone) to make an appointment.

In case of emergency, I request the College contact:

Name: _____

Address: _____

Phone: _____ Cell: _____

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

I HAVE READ, AND UNDERSTAND THIS ACKNOWLEDGEMENT AND CONSENT, AND AM SIGNING IT VOLUNTARILY, UNDER NO COMPULSION. I KNOWINGLY ACCEPT AND CHOOSE TO ENCOUNTER ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY GIVE AUTHORIZATION TO WHATCOM COMMUNITY COLLEGE TO SEEK MEDICAL TREATMENT FOR ME.

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

Date and Place

Student Signature

IF UNDER THE AGE OF 18, SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED BELOW:

If the Student is under eighteen (18) years of age, 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/guardian or emergency contact. If no contact can be made, I hereby give authorization to Whatcom Community College

Date and Place

Student Signature

Parent/Guardian Printed Name

Parent/Guardian Signature