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: ______________________________

Home Address: ______________________________ 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 ______________________________

APPROVED AS TO FORM: ATTORNEY GENERAL'S OFFICE
July, 2005
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)
student’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 ________________, 200__.

______________________________ /  ________________________________
Student’s Signature (Print Name) Date

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

APPROVED AS TO FORM: ATTORNEY GENERAL’S OFFICE
July, 2005

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or Vietnam veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 542-5548. Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 542-4412, or TTY/TDD at (509) 546-0403. This notice is available in alternative media by request.