

# LOWER COLUMBIA COLLEGE – ADMINISTRATIVE POLICY

## INFORMED ACKNOWLEDGEMENT OF AND CONSENT TO TRIP HAZARDS AND RISKS

SPORT(S): \_\_\_\_\_ LOCATION: AWAY ATHLETIC FACILITIES

DIVISION/DEPT: ATHLETICS DATES COVERED (current academic year) \_\_\_\_\_

PARTICIPANT NAME (FULL NAME) \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP TO STUDENT: \_\_\_\_\_

EMERGENCY CONTACT PHONE# \_\_\_\_\_ \*I give my permission for LCC staff to notify my emergency contact in case of a medical or other emergency Y / N.

The undersigned participant and his or her parents or legal guardian, if participant is under the age of eighteen (18), hereby executes this informed acknowledgement of risk for himself(herself) (themselves), and his/her/ their/ heirs, successors, representatives and assigns, and hereby agrees and represents as follows:

I am aware that during my voluntary participation in the above listed activity, certain dangers may occur, including but not limited to death, permanent paralysis, injuries, accidents, illness, and the hazards and forces of nature, all of which are a part of the normal high risk potential associated with student participation in the various physical and/or travel activities involved with this activity/event. Specifically: Away Games/contests

I understand that I am not permitted to use and specifically agree and declare that I will not use or possess, alcohol or other controlled substances on this or any other college-sponsored activity. I certify that I am in excellent health and have no medical, physical, or emotional impairments, conditions or concerns that might inhibit my participation, or jeopardize my safety or the safety of others, while participating. I understand that neither the college nor any of its agents or instructors serves as guardians or insurers of my safety, and that the college does not provide special insurance for my protection.

In consideration of, and as part payment for, the right to participate in these activities and services arranged for me by Lower Columbia College, I have and do hereby assume all the above-mentioned risks and any other risks reasonably arising out of my participation in the above mentioned.

I, the undersigned, have read this Acknowledgement of and Consent to Trip Hazards and Risks 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 HAVE FULLY INFORMED MYSELF OF THE CONTESTS OF THIS RELEASE AND ACKNOWLEDGEMENT BY READING IT BEFORE SIGNING. I CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Participant: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Parent or Guardian if Participant is under the age of 18: \_\_\_\_\_

Signature of Witness/School Employee: \_\_\_\_\_