

**South Puget Sound Community College**  
**Office of Student Life**  
Informed Acknowledgement of, and Consent to Risks, and  
Release of Liability

Activity: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Departure Date and Time: \_\_\_\_\_ Return Date and Time: \_\_\_\_\_

I am aware that during \_\_\_\_\_ certain dangers may occur. Participation in this activity or event may involve injury of some type to either myself or a fellow participant. Such injury can include direct physical and possibly crippling injury or death to me, and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury or death to another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis or even death. Such injury can impair my general physical and mental health and hinder my future ability to learn, to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

The purpose of this **WARNING** is to bring to your attention the existence of potential dangers associated with this activity or event. 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.

I understand that neither the College nor any of its agents or instructors serve as guardians or insurers of my safety, and that the College does not provide any insurance, regular nor special, for my protection.

In consideration of, the right to participate in the activity or event and the services arranged for me by South Puget Sound Community College, by signing this form I acknowledge I am willing to and do voluntarily and knowingly assume all the above mentioned risks and any other risks arising from my participation in the activity. I am doing this of my own free will.

For and in consideration of the opportunity to participate in this activity or event, I, on my own behalf and on behalf of my heirs, assigns, executors, administrators, all members of my family, and other successors in interest, do hereby release and forever discharge the STATE OF WASHINGTON and its officers, agents, employees, agencies and departments, including but not limited to SOUTH PUGET SOUND COMMUNITY COLLEGE, from any and all existing and future claims, liability, debts, demands, damages and causes of action of any nature whatsoever, including serious bodily injury or death, which may arise out of my participation in this event or activity.

This is a final, conclusive and complete release of all unknown and unanticipated damages arising out of my participation in this event or activity, as well as those now known or disclosed **(Parent or legal guardian must sign for all persons under eighteen (18) years of age.)**

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS INFORMED CONSENT AND RELEASE BY READING IT BEFORE SIGNING IT. I EXECUTE IT AS CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN THE EVENT OR ACTIVITY, WITH FULL KNOWLEDGE THAT BY SIGNING IT I HAVE WAIVED LEGAL RIGHTS THAT I WOULD OTHERWISE HAVE BEEN ENTITLED TO ENFORCE. I UNDERSTAND IT AND VOLUNTARILY ACCEPT IT, ON MY OWN BEHALF OR ON BEHALF OF MY CHILD.

\_\_\_\_\_  
Name of Participant                      Age                      Date of Birth

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date  
(If participant is under 18 years of age)

**Participant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

In Case of Emergency Notify:    Name: \_\_\_\_\_

Relationship: \_\_\_\_\_                      Phone: \_\_\_\_\_