INFORMED ACKNOWLEDGMENT OF AND CONSENT TO FIELD TRIP/ACTIVITY HAZARDS AND RISKS

I, __________________________, hereby acknowledge and certify the following:

(Student name)

I understand that in connection with my voluntary enrollment in (name of class) ______
______________________________, I may participate in one or more field trips or activities.

I understand that, although the college will take steps to foster field trip/activity safety, there are inherent risks in many activities and there are significant levels of personal responsibility that I must assume for myself.

I understand that I am not permitted to use, and I specifically agree and declare that I will not use alcohol or drugs for non-medical use on any college-sponsored field activity.

I certify that I am to the best of my knowledge in satisfactory health and have no medical, physical or emotional impairments, conditions or concerns which might inhibit my participation or jeopardize my safety or the safety of others while participating in field trips and activities. I have informed the college of any medical, physical, and/or emotional concerns that I have regarding this activity in writing on the attached form.

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.

I understand that there are certain dangers associated with my participation in field trips and activities. These dangers include but are not limited to accidents, illnesses and any other harm, injury or damage which may befall me as a result of (list specific field trip/activity hazards and risks here) ________________________________________

________________________________________

______________________________

Risks include the forces of nature and hazards of traveling on a variety of terrains, on water, or in the air, and visiting remote, cultural or commercial sites without medical facilities.
I understand that Centralia College personnel or its agents may seek medical attention that is deemed necessary, to which I consent; and in such case, I grant permission to any licensed physician and/or medically trained individuals to render emergency medical care and I consent to such treatment. I also have been informed and understand that medical insurance may be purchased from Centralia College. In case of an emergency, I request that the college contact the person identified on the attached information sheet.

I certify that I am of lawful age and am competent to sign this statement of Informed Acknowledgement and Consent. (If the student is under 18 years of age, his or her parent(s) or legal guardian(s) must sign in addition to the student.)

I hereby voluntarily sign this document and knowingly assume the above described risks associated with field trip/activity participation.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ACKNOWLEDGMENT BY READING IT BEFORE I SIGNED IT. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

_________________________  __________________________
Date                      Signature of Student

_________________________
Place

If the student is under 18 years of age, his/her parent(s) or guardian(s) must sign in addition to the student.

_________________________  __________________________
Date                      Signature of Student

_________________________
Place
FIELD TRIP OR ACTIVITY PARTICIPANT INFORMATION

Name (please print)__________________________________________
Signature___________________________________________________
Daytime Phone______________________________________________

Emergency Contact:
Name (please print)__________________________________________
Address_____________________________________________________
Phone_______________________________________________________

Please describe any medical conditions or allergies that we should be aware of (including any medical, physical, and emotional concerns):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

MEDICAL INSURANCE IS AVAILABLE FROM THE STUDENT PROGRAMS OFFICE AT CENTRALIA COLLEGE.

PARTICIPANTS MUST SIGN THE “INFORMED ACKNOWLEDGMENT OF AND CONSENT TO FIELD TRIP/ACTIVITY HAZARDS AND RISKS” ATTACHED TO THIS FORM.

IF PARTICIPANT IS UNDER THE AGE OF 18, A PARENT OR GUARDIAN’S SIGNATURE IS ALSO REQUIRED.