



SEATTLE COLLEGES

Central · North · South · SVI

ASSUMPTION OF RISK AGREEMENT

CLASS FIELD TRIP (Part of course curriculum)

Use the assumption of the risk form for all activities that may involve significant risk to the student. This assumption covers curricular activities for all students, including minors.

I would like to participate in the _____ ("the activity") conducted by ***Name of Institution***. I, the undersigned participant, agree to the following:

Assumption of Risk. I hereby acknowledge that I am aware of inherent risks involved in participation in the ***Event Name***, including but not limited to ***(any critical information attendees needs to be aware of like injury, death, falls, sprains, broken bones, and automobile accidents)*** while traveling to and from or at the destination, and I hereby assume any and all of these risks of injury that may result from my participation in the activity, sign your name below.

Signature

Date Signed

Print Name

If Participant is under 18:

Signature (of parent/ guardian)

Date Signed

Print Name

Emergency Contact Information:

Name: _____

Phone: _____

Student Information:

Student Birthdate: _____

SID: _____

Email Address: _____

Approved March 2, 2017

Note to Instructor- Hard copies of signed forms must be with the instructor during the field trip