



PERMISSION TO PARTICIPATE RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

Student Identification number _____

Last name First name Initial

This agreement must be signed by the participant's parent or legal guardian prior to the student's participation in

_____ offered by Community Colleges of Spokane.

BY MY SIGNATURE BELOW, I HEREBY INDICATE THAT:

1. Permission to Participate. I am the parent or legal guardian of _____ and authorize him/her to participate in the program listed above. I understand that participation is subject to the terms and conditions of this Release of Liability and Assumption of Risks form.

2. Assumption of Risk. I acknowledge I am aware of the hazards and inherent risks connected with my child's participation in the activity including, but not limited to, cuts, abrasions, bruises, strains, concussions or fractures to catastrophic injury, such as permanent paralysis, or even death, which are a part of the normal high risk potential associated with participation in the various physical activities involved with this activity.

3. Release of Liability. In consideration of, and as part of payment for, the right to participate I have and do hereby assume all the above-mentioned risks and any other risks reasonably arising from my child's participation and will hold Community Colleges of Spokane, its Board of Trustees, its officials, employees, representatives, agents and assigns and the state of Washington, and their successors and assigns 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, my child's participation in any of the activities arranged by the Community Colleges of Spokane. The terms hereof shall be binding upon all my heirs, executors, administrators, and for all members of my family.

I, the undersigned, have read this Release of Liability and Assumption of Risks and understand its terms. I execute it as consideration and part payment for the right to participate in the program with full knowledge that by this document I have waived all legal rights that I would have otherwise been entitled to enforce.

Parent/guardian signature Phone number Date

Insurance company Policy number

Emergency contact name Phone number

When the parent cannot be immediately contacted, Community Colleges of Spokane is authorized to contact the following:

Family physician Physician's phone number

List child's allergies _____