ASSUMPTION OF THE RISK FORM

I agree that as a participant in the _____ at _____ associated with _____ Community College (the "College") scheduled for _____ to _____, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to

_____

_____

I understand that in the event of accident or injury, personal judgment may be required by _____ or College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and/or _____ personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College and _____ for my safety or the safety of others, as well as any and all of the College's and _____'s rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College and/or _____. I understand that this Assumption of Risk form will remain in affect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with _____, at which time my visits to or participation in the program will cease.

In case an emergency situation arises, please contact _____ (name) at _____ (phone number).

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

_____ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

_____   _____
Participant's signature   Date

_____

_____

_____
Address

If participant is less than 18 years of age, the following section must be completed:

_____ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

_____	_____
Child's Name	*Parent's or guardian's signature*
_____	
_____	_____
_____	Date
Address	