

Medical release/ASSUMPTION OF RISK FORM

I agree that as a participant in the (internship/externship/clinical program name or curriculum name) at (name of company or organization) associated with Blue Ridge Community College (the "College") scheduled for (start date) to (end date), 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 (potential risks of the activities or related to the work environment [very specifically list here the potential risks involved that the student is assuming]).

I understand that in the event of accident or injury, personal judgment may be required by (name of company or organization) or College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and/or (name of company or organization) 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 (name of company or organization) for my safety or the safety of others, as well as any and all of the College's and (name of company or organization)'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 (name of company or organization). 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 (program coordinator or College administrator), 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

Address

Date