



Informed Acknowledgement of and Consent to Trip Hazards and Risks

Activity/Event: Boeing and Skyview Observatory Location: Seattle, Wa

Division/Dept: TRIO Dates Covered: 2/22/2019

Participant Name: _____ Date of Birth: _____

Home Address: _____ Phone: _____

Student ID Number: _____ Allergies: _____

In Case of Emergency, Notify: Name: _____ Phone: _____

Relationship: _____

The undersigned participant and his or her parents or legal guardian, if participant is under the age of eighteen (18), hereby executes this Informed Acknowledgement of Risk for himself (herself) (themselves), and his (her) (their) heirs, successors, representatives and assigns, and hereby agrees and represents as follows:

I understand that, although the College will take steps to foster field trip safety, there are inherent risks in many activities and there are significant levels of personal responsibility that I must assume for myself. I am aware that during my voluntary participation in the above listed activity, certain dangers may occur, including but not limited to death, permanent paralysis, injuries, accidents, illness, and the hazards and forces of nature, all of which are potentially associated with student participation in the various physical and/or travel activities involved with this, or any other program related to this, activity/event.

Specifically: _____

I understand that I am not permitted to use, and I specifically agree and declare that I will not use or possess, alcohol or illegal drugs on this or any other college-sponsored field activity. I certify that I am in excellent health and have no medical, physical, or emotional impairments, conditions or concerns that might inhibit my participation, or jeopardize my safety or the safety of others, while participating. 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.

In consideration of, and as part payment for, the right to participate in these activities and services arranged for me by Lower Columbia College, I have and do hereby assume all the above-described risks and any other risks associated with this field trip or the above-described activity/event.

I certify that I am of lawful age and am competent to sign this Informed Acknowledgement and Consent. I, the undersigned, have read this Acknowledgement of and Consent to Trip Hazards and Risks and understand its terms and the risks involved and accept these risks. I understand and agree by my signature hereon that I have had the opportunity to discuss this document with anyone that I might choose and that I freely sign it. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ACKNOWLEDGEMENT BY READING IT BEFORE SIGNING. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATED this _____ day of _____

Signature of Student

Signature of Witness

Signature of Parent or Guardian if participant is under the age of 18