



FIELD TRIP OR STUDENT ACTIVITY VICINITY TRAVEL ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER AND MEDICAL CONSENT

I am currently enrolled in a class at Community Colleges of Spokane (CCS) or am a member of a student club or organization which includes field trip(s) and/or activities in the Spokane vicinity. I understand and agree that CCS shall not be liable for any travel in private vehicles or travel provided by third parties, including but not limited to, buses, vans, taxis, trains, and cars. I understand and agree CCS shall not be liable for any and all claims, losses, costs or damages whatsoever arising out of, resulting from or in any way related to participant travel to or from such trips/activities including, without limitation, any loss or damage to real property or tangible personal property.

I understand there are inherent risks associated with travel to and from field trips and/or other activities including, but not limited to: participants, including minor participants, are not under the direct observation, care, control or supervision of CCS personnel; participants may encounter forces of nature and hazards while traveling on a variety of terrains, vehicle accidents or mechanical problems; travel may result in property loss and damage, criminal acts, personal injury and illnesses, and death.

I not only understand these risks, but agree participants are responsible for their own safety during travel. I understand and agree that if I drive or provide my own motor vehicle for transportation to, during, or from the activity site, I am responsible for myself and the security of my own vehicle. I am also responsible for any passengers I transport. CCS is not responsible for any damage or injury suffered in the course of traveling in private vehicles, including those driven by third parties.

I understand that neither CCS, nor its employees or agents serve as guardians or insurers of my safety. I understand CCS does not provide any medical, dental, or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions. I understand I am completely responsible for my own insurance to cover these expenses. (Student Health and Injury Only Insurance can be purchased by students. Information about this coverage is available in the Cashier's Office.)

I grant CCS, its personnel and its agents the authority to seek medical attention for me if they deem it is necessary in an emergency situation. Further, I grant permission to any licensed physician and/or medically trained individual to render emergency medical care and consent to such medical treatment should I be incapacitated for any reason. In case of an emergency, I request that the college contact the person identified by me on this form.

I agree to follow all the rules, including all Federal, state and local laws and related regulations and the Standards of Conduct for Students (WAC 132Q-10-101-WAC 132Q-10-503) during field trip(s) and/or student activities.

I understand trip supervisor(s) may require me to return to campus or return home at my expense, should there be probable cause to believe that I violated any law or CCS rule, have been materially or substantially disruptive, have significantly deviated from the trip itinerary and/or timelines, have failed to follow the reasonable instructions of those in charge, or that I present a material or substantial safety risk to self or others. I also understand I might have to reimburse CCS for any expenses caused by my actions, should this occur. I also understand that such behavior may subject me to later disciplinary action through the Standards of Conduct for Students.

If I have a disability and wish to request accommodations for use during the trip, I understand I must contact Disability Support Services. Because it may take time to process such requests, I am aware that requests should be made as early as possible.

For and in consideration of instruction and/or participation in this activity or trip, I, my heirs, assigns or other successors in interests, do hereby voluntarily release and hold harmless CCS, and its trustees, officers, directors, employees, agents, supervisors, volunteers and assigns from and against all claims arising out of or resulting from my travel related to this activity or trip. In addition, I, my heirs, assigns or other successors in interests hereby expressly agree to indemnify, defend and hold harmless CCS, its trustees, officers, directors, employees, agents, supervisors, volunteers, and assigns for any claim, judgment, lien, obligation arising out of or incident to my travel related to this trip unless claim is caused by or arise out of gross negligent act or omission, or wanton or willful misconduct of CCS while acting within the scope of its responsibility, at law or in equity. "Claim" as used in this agreement means any loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, costs and disbursements, attributable to bodily injury, sickness, disease or death, or loss, injury, or destruction of tangible property including loss of use resulting therefrom.

I further understand that this release, assumption of risk, and hold harmless is intended to be as broad and inclusive as permitted by the laws of the state of Washington and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. I further agree that the jurisdiction for any legal proceedings shall be in the state of Washington, and venue in Spokane, Washington.

Please check one of the following boxes

I am over 18 years old I am under 18 years old

I certify I have read and understand and am competent to sign this document. I hereby voluntarily sign this document, agree to follow the rules and requirements identified above, knowingly assume the above-described risks and responsibilities associated with these trips/activities and accept full personal and financial responsibility for my actions during all field trips/activities for this class and/or student activity. I agree this document is effective for as long as I am enrolled in this class or program or a member of the student club or organization.

I understand this is a legally binding agreement and that by signing this, I agree to abide by the above conditions, and agree to release, indemnify, and hold harmless CCS as described herein.

Printed Name: _____ Signature: _____

Date: _____ Phone #: _____

Student ID #: _____ Class: _____

Emergency Contact: _____ Emergency Phone: _____

If participants are under 18 years of age, their parent, or guardian(s) must sign in addition to participants.

Date

Signature of Parent or Guardian

If you have any medical information that you would like a medical responder and the trip supervisor to know about you in case of an emergency, please provide that information here. If you would like a medical responder to know what medications you take, list that information here also. (Student information on this form is protected by FERPA, the Family Educational Rights and Privacy Act.)

