Laurel Ridge COMMUNITY COLLEGE
STUDENT LIFE

Assumption of Risk On-Campus Activities Form

Office of Student Life & Engagement | 540-686-7159 | aschroeder@laurelridge.edu

I agree that as a participant in intramural sports or activities associated with *Laurel Ridge Community College* (the "College"), I am responsible for my own safety 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 inherent risks of physical activities and contact sports. I understand that while medical clearance is not required, I am responsible for ensuring I am healthy enough to participate and agree that participation is at my own risk.

I understand that in the event of an accident or injury, personal judgment may be required by *VCCS/Student Leadership Staff* or College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and/or Student Activity and Recreation Specialist 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 Student Life and Engagement for my safety or the safety of others, as well as any and all of the College'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. I understand that this form will remain in effect during the semester intramural season unless a specific revocation of this document is filed in writing with *Angela Schroeder, Student Activity and Recreation Specialist* at which time my participation in the program will cease.

In case an emergency situation arises, please contact _____(name)

at _____ (phone number). Relationship: _____

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.

Please initial before each statement and sign the bottom of this form indicating that you understand and agree to the inherent risks of sports and are healthy enough to participate.

_____ I have read the Laurel Ridge Community College Intramural Sports Program Policy.

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

_____ I hereby consent that my name as well as all photographs and/or motion pictures/video films taken of me for Laurel Ridge Community College and the Laurel Ridge Community College Educational Foundation may be used by both entities for the purposes of print and Web-based illustration, presentation, advertising and/or publication.

_____ _____

Participant's Name (Printed) ***Student ID#***

_____ _____

Participant's Name (Signature) ***Date***

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.

_____ _____

Parent's or Guardian's Signature ***Date***