



SEATTLE COLLEGES

Central • North • South • SVI

ASSUMPTION OF RISK AGREEMENT

CLASS FIELD TRIP (Part of course curriculum)

Use the assumption of the risk form for all activities that may involve significant risk to the student. This assumption covers curricular activities for all students, including minors.

I would like to participate in the _____ ("the activity") conducted by **Seattle Central College (SCC) Continuing Education**. I, the undersigned participant, agree to the following:

Assumption of Risk. I hereby acknowledge that I am aware of inherent risks involved in participation in _____, including but not limited to walking in the city streets, sidewalks, indoors or in a park; participants are not under the direct observation, care, control or supervision of the instructor; automobile accidents; the field trip may result in property loss and/or damage, criminal acts, personal injury and illnesses, and death while traveling to and from or at the destination, and I hereby assume any and all of these risks of injury that may result from my participation in the activity, sign your name below.

Signature

Date Signed

Print Name

If Participant is under 18:

Signature (of parent/ guardian)

Date Signed

Print Name

Emergency Contact Information:

Name: _____

Phone: _____

Student Information:

Student Birthdate: _____

SID: _____

Email Address: _____

Approved March 2, 2017

Note to Instructor- Hard copies of signed forms must be with the instructor during the field trip