



Participant Assumption of Risk Notice
(Top section to be completed by Instructor(s))

I, the undersigned, voluntarily desire to participate in the following activity sponsored by Bellevue College (herein after referred to as the "College") and instructors.

Activity Student Wellness Center- Intramurals	Date(s) of Activity Jan 3-March 24, 2023	Instructor(s) Wellness Center Intramural Technicians and Supervisors
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I further understand and agree as follows:

In consideration of and based upon my decision to participate in this activity/trip/class/workshop, I understand that I am undertaking this trip as an independent adult, and that neither the college nor any of its agents serve as guardians or insurers of my safety. I agree that I voluntarily choose to participate in this activity and I am aware and understand that Bellevue College will have limited access or ability to provide any special services associated with physical or emotional needs that may arise during the trip. I acknowledge that travel to a foreign country may involve some danger and possibility of harm or injury. I am also aware of other possible risks involved, outlined below.

WARNING – PLEASE READ: Foreseeable risks may include but are not limited to:

Exposure to allergens or pathogens, dehydration, cuts, scrapes, bruises, blisters, teeth damage, skin/muscle/bone/joint, head injuries, hernia injuries, lack of rapid responding medical assistance, choking, crush and blunt force trauma, actions of other participants, collision with other participants or equipment/implements, exhaustion, falling, fainting, and/or death.

(To be completed by student.)

I certify that to the best of my knowledge, I have no physical or emotional impairments or concerns which may be aggravated by the activity/trip or which will impair my ability to participate in the activity or jeopardize my safety or the safety of others while participating in this trip.

Name (please print)	
Signature	Date

In case of emergency notify:

Name	Phone (include area code)	
Street Address	Relationship	
City	State	Zip Code

If the student is under age 18 (or if the student is 18 or older and has a legal guardian), both the student and the responsible **PARENT OR GUARDIAN** must sign. In so signing, the parent or guardian acknowledges and assumes the above described risks of the student's participation in this activity.

Name (please print)		
Signature	Date	
Street Address		
City	State	Zip code

Routing Instructions

1) Administrative Services