



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

I, the undersigned, voluntarily desire to participate in the following educational opportunity (herein referred to as "this opportunity") sponsored by Bellevue College (herein referred to as "the College") and its employees. This opportunity may include engagement with an off-campus community partner or business, and it will take the form of service-learning, project-based learning, community-based research, citizen science, or another similar format described below.

Opportunity		
Dates of Opportunity	Related Course (if any)	Instructor(s) or Facilitator(s)

In consideration of and based upon my decision to participate in this opportunity, I hereby agree to the following:

- 1) I understand that neither the college nor any of its representatives and partners serve as guardians or insurers of my safety. I recognize that I will be responsible for my own transportation to and from the premises of this opportunity. I further understand and agree that neither the College nor any of its representatives accept responsibility for providing health care services, health care insurance, or other insurance, including automobile insurance, for me. Such expenses and liabilities remain my responsibility.
- 2) I recognize that the College does not control the premises where this opportunity will take place, nor the people with whom I may interact. I recognize that there may be risks and hazards, both known and unknown, involved in this opportunity and in traveling to and from this opportunity. I voluntarily undertake this opportunity and assume all responsibility and risk from my participation in this opportunity and transportation related to this opportunity. I am also aware of other possible risks involved, outlined below.

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

- Risks from falls and other injuries on the premises or areas near the premises where this opportunity will occur
- Risks from clients, other participants, and other persons at this opportunity
- Risks from injuries resulting from travel to and from site that could include serious or fatal harm
- Risks from injuries due to missteps or falls that may occur on uneven ground in or around natural work sites
- Risks from thorny or rash-inducing plants, wild animals, as found in natural work sites
- Risks from injuries resulting from physical strain or labor as required for this opportunity
- Risks from injuries resulting from any tools or implements that may be used as required for this opportunity
- Risks of bites or scratches that may come with working directly with animals
- Risks of cuts, burns, or other injuries inherent in preparing food, serving hot food, or working in a kitchen
- Risks from injuries that could result from participation in athletic or other quick or strenuous activities
- Risks of sunburn, heat exhaustion, hypothermia, or similar health concerns that may arise from outdoor exposure

I acknowledge that I have read this document, fully understand its terms, and sign it voluntarily without any inducement.

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 opportunity.

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

**Routing Instructions**

- 1) Administrative Services