



Participant Assumption of Risk Notice

Part I: 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	Date(s) of Activity	Instructor(s)
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I further understand and agree as follows:

In consideration of a 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 associate 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:

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(PART II: To be completed by student.)

Name (please print)	
Signature	Date

In case of emergency, notify:

Name (please print)	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)	Phone (include area code)	
Signature	Date	

Street Address	Relationship	
City	State	Zip Code

Routing Instructions

- 1) Administrative Services