

Walla Walla Community College
Acknowledgement of Risk, Assumption of Risks,
and Consent for Medical Treatment

For Students Participating in Field and Related Trips and/or College Activities

Section 1 (To be completed by Instructor/Field Trip/Activity Leader)

Class/Group: _____ **Instructor/Trip Leader:** _____

Activity: _____ **Dates of Activity:** _____

Location of Activity: _____

Physical activities to be undertaken include: (e.g. long periods of sitting and walking) _____

Risks inherent in this field trip include bodily injury due to: (e.g. large crowds, behavior of others, _____
exposure to allergens and pathogens, dehydration, violence, theft, terrorism, mechanical failure, fire, accidents
related to transportation, acts of nature, physical activity) _____

Section 2 (To be completed by adult field trip/activity participants)

Participant Name: _____ **Date of Birth:** _____
(Print)

Home Address: _____ **Phone:** _____

I acknowledge that there are certain risks inherent in field trips/activities, including but not limited to those indicated in Section 1 and any travel associated with the trip, activity or event. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of Walla Walla Community College and Walla Walla Community College Staff. I represent that I am able, with or without accommodation, to participate in this field trip/activity. I also agree to assume all risks of personal trips or activities undertaken at my own initiative during travel to and from or during the course of the field trip/activity.

Should I require emergency medical treatment as a result of accident or illness arising during the field trip/activity, I consent to such treatment. I acknowledge that Walla Walla Community College does not provide health and accident insurance for field trip/activity participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

Signature

Date

Parent Signature (if participant is under 18 yrs old)

Date
