



Acceptance of Risk and Release of Liability Form

Activity Name: _____ Dates: _____

Location: _____

Participant Name: _____ ID#: _____

Email address: _____ Phone: _____

Address: _____
Street City State Zip

Primary Emergency Contact: _____ Relationship: _____

Phones - Cell: _____ Home: _____ Work: _____

Secondary Emergency Contact: _____ Relationship: _____

Phones - Cell: _____ Home: _____ Work: _____

This is a binding legal document. Please read before signing.

If participant is under the age of 18, this Acceptance of Risk and Release of Liability must be read and signed by, both, participant and a parent/legal guardian. Please read both pages carefully then sign and return this form to involved faculty member/activity coordinator.

I, the undersigned participant or parent/guardian, am aware that participation in _____ ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including death, may occur: physical activities, including but not limited to baggage handling, setting up of displays, or participating in research, meetings, demonstrations, and speeches while on campus or off, that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems; risks related to transit to or from the Activity locations including, but not limited to, travel by college owned or leased vehicles, private auto, water craft including, but not limited to, jet or motor boats, travel in unpredictable or extreme weather or waterway conditions including, but not limited to, rough or white water, that affect the method of travel safety; risks related to travel on rivers and/or lakes including collision with rocks, falling overboard, hypothermia and even drowning; use or operation, by me or others of equipment in the condition in which they are found; exposure to inclement weather including, but not limited to snow, ice, wind, and extremes of cold that could cause injury or illness including, but not limited to hypothermia and frostbite; contact with biological, chemical and/or environmental hazards; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In consideration of Lewis-Clark State College ("LCSC") permitting me/my dependent to participate in the Activity, I and my dependent hereby voluntarily accept all risks associated with participation including any and all risks associated with this particular activity including, but not limited to, _____

_____. (Faculty signature: _____)

I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, LCSC, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. It is my express intent that this Assumption of Risk and Release of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. If LCSC is a party to any dispute that may arise out of my or my dependent's participation in the Activity, the venue for dispute shall be in Nez Perce County, Idaho.

I acknowledge that the college makes no representation with respect to the safety of any college-owned or leased vehicle, personally-owned vehicle, air- or watercraft in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity. I understand that I am responsible for all medical expenses and/or property losses.

PLEASE NOTE: Hospitals and clinics require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. The participant is responsible for all medical expenses.

Whether or not I am a student, I will abide by Lewis-Clark State College's Student Code of Conduct, at <http://www.lcsc.edu/student-affairs/student-code-of-conduct/>, including possessing no alcohol, illegal drugs or fire arms while participating in this Activity; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for immediate dismissal from the Activity.

I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to LCSC.

IF YOU DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES, CHECK BOX.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: