

Student Club Release Form

The Student Club Release Form is required by clubs when club members are involved in an activity that pose a risk. Club Officers & Advisors are responsible for making sure that the Release Forms are completed by each of the members and on file with club records.

Edmonds Community College
Student Club Release Form
2018-2019

INFORMED ACKNOWLEDGEMENT of and CONSENT TO PARTICIPATE IN THE **NAME OF CLUB CLUB, TITLE OF ACTIVITY ACTIVITY** AT EDMONDS, WASHINGTON.

I, _____, hereby acknowledge and certify the following:
(name of Student)

1. I am voluntarily signing up to participate in this **NAME OF CLUB Club, TITLE OF ACTIVITY** activity which will be held at **LOCATION**
2. I understand that, although the college will take steps to encourage safety, there are inherent risks in this activity that the **NAME OF CLUB Club** will partake in and that there are significant levels of personal responsibility that I must assume for myself.
3. I understand that the Club Advisor, **NAME OF CLUB ADVISOR** , will help guide club members through prescribed training as needed to provide safe approaches in this club activity. Proper instruction & equipment will be used to assure safety.
4. I certify that I am in good health and have no medical, physical or emotional impairments, conditions or concerns which might inhibit my participation, or jeopardize my safety or the safety of others while participating in activity.
5. I understand that neither the College nor any of its agents or instructors serves as guardians or insurers of my safety and that the College does not provide insurance for my protection.
6. I understand that there are certain dangers associated with my participation in activity including muscle strain, broken bones, head injuries, pinched nerves, accidents, and any other harm, injury or damage which may befall me as a result of participating in this **NAME OF CLUB Club** activity.
7. In case of an emergency, I request that the College contact:
Name:_____ Address:_____ City:_____ Phone:_____
8. I certify that I am of lawful age and am competent to sign this statement of Informed Acknowledgement and Consent.
9. I hereby voluntarily sign this document and knowingly assume the above-described risks associated with **NAME OF CLUB Club** participation.
10. I acknowledge that I have health insurance in the event that I would require medical assistance.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ACKNOWLEDGEMENT BY READING IT BEFORE I SIGNED IT. I CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Date_____ Student Signature_____

If the student is under 18 years of age, his/her parent(s) or guardian(s) must sign in addition to the student.

Date_____ Signature of parent/guardian(s)_____