

Student Club Release Form 2017-18

The Student Club Release Form is required by clubs when club members are involved in activities that pose a risk. by each of the members and on file with club records. Edmonds Community College Student Club Release Form 2017-2018 INFORMED

ACKNOWLEDGEMENT of and CONSENT TO PARTICIPATE IN THE _____ CLUB ACTIVITIES AT EDMONDS, WASHINGTON DURING THE 2017-18 ACADEMIC YEAR

I, _____, hereby acknowledge and certify the following:

1. I am voluntarily signing up to participate in the _____ Club activities which will be held at Edmonds Community College throughout the 2017-2018 Academic Year.
2. I understand that, although the college will take steps to encourage safety, there are inherent risks in many activities that the _____ 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, _____, will help guide club members through prescribed training as needed to provide safe approaches to club activities. 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 activities 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 the _____ Club activities.
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 _____ 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) _____