

**INFORMED ACKNOWLEDGEMENT of and CONSENT TO  
FIELD TRIP HAZARDS AND RISKS**

I, \_\_\_\_\_, hereby acknowledge and certify the following:

1. I understand that in connection with my voluntary enrollment in EdCC Intramurals, I may participate in one or more field trips.
2. I understand that, although the college will take steps to foster field trip safety, there are inherent risks in many activities and there are significant levels of personal responsibility that I must assume for myself.
3. I understand that I am not permitted to use, and I specifically agree and declare that I will not use alcohol or drugs on any college-sponsored field activity.
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 field trips.
5. I understand that neither the College nor any of its agents or instructors serve 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 field trips including accidents, illnesses, and any other harm, injury or damage which may befall me as a result of participation in EdCC Intramural sports
7. In case of an emergency, I request that the College contact: \_\_\_\_\_ at  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
8. I certify that I am of lawful age and I 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 field trip participation.

**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	Age if under 18 yrs.
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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) for Students under 18 yrs.	Place
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