



*Your dreams. Our mission.*

**ACKNOWLEDGMENT OF RISK AND CONSENT FORM**

**Section I** *(To be completed by the field trip leader)*

Class/Organization: \_\_\_\_\_

Activity Leader: \_\_\_\_\_

Destination: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

**Section II** *(To be read and completed by the Participant)*

I acknowledge that I am seeking to participate in the activity (“activity”) described above. I further state that I am at least eighteen (18) years of age, fully competent to sign this Agreement, and am voluntarily seeking to participate in this activity. I understand that by signing this document I am representing that I understand all its terms and conditions and fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

I acknowledge that there may be certain dangers, hazards, and risks associated with my participation in this activity. I further acknowledge and understand that all risks cannot be prevented. Accordingly, I represent that I am physically and mentally able to participate in this activity, and am capable of using the equipment, if any, associated therewith.

On behalf of myself and my family (including legal guardians) I agree to assume all the risks and responsibilities surrounding my participation in this activity, and agree to release from liability and waive any legal action against \_\_\_\_\_ Community College, its governing board, officers, agents, and employees (hereinafter the “parties”), for personal injury, death, or property damage suffered by me while participating in this activity or while in transit to or from the premises where the activity is being conducted.

I understand and agree that the College may not provide or have medical services or personnel available at the location of the activity or on its campus. Therefore, should I require emergency medical treatment as a result of an accident or illness arising during this activity, I consent to such treatment. Further, I acknowledge that the College does not provide activity participants with health or accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment provided.

(over)

I agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held illegal or unenforceable, the remaining terms and provisions shall remain in full force and effect. I understand that my participation in this activity is sponsored by the College. Accordingly, I agree to comply with all rules and regulations included in the College's Student Handbook and/or all other rules as set forth by the Activity Leader. I agree to treat the Activity Leader and his/her assistants with respect throughout the Activity and understand that they are in charge at all times during the Activity.

I acknowledge that this activity ends on \_\_\_\_\_. If I choose to extend my stay past this date, I do so independently and without recourse against the College. During my extended stay I acknowledge that the College shall bear no responsibility for arranging my housing, meals, or any other services. Further, I acknowledge that the College shall provide no supervision or assistance during that same time. I further acknowledge that I will be responsible for scheduling and paying for my return flight to the United States and for coordinating all other travel arrangements. I further agree that in order to extend my visit past the end date of the activity, I will provide the College with written notification of my intentions to do so at least thirty (30) days prior the commencement of the activity.

Failure to comply with any provision stated herein may result in my immediate discharge from the activity and return to the United States at my own expense.

\_\_\_\_\_  
Participant's Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In an emergency, please contact: \_\_\_\_\_

Name

Relationship

Phone