

## Assumption of the Risk & Medical Release

Event/Program Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location Name: \_\_\_\_\_ Address: \_\_\_\_\_

I agree that as a participant in this program associated with Northern Virginia Community College (the "College"), I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to (*potential risks of the activities or related to the work environment* [very specifically, list here the potential risks involved that the student is assuming]):

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and/or \_\_\_\_\_ personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition. I further agree to abide by any and all specific requests by the College and \_\_\_\_\_ for my safety or the safety of others, as well as any and all of the College's and \_\_\_\_\_ rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College and/or \_\_\_\_\_. I understand that this form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with \_\_\_\_\_, at which time my visits to or participation in the program will cease.

### PERMISSION FOR EMERGENCY TREATMENT

In the event of my injury or illness, I hereby authorize any representative of Northern Virginia Community College to secure any necessary treatment, including the administration of an anesthetic and surgery. I understand any costs for such treatment are my/our responsibility.

### RELEVANT MEDICAL INFORMATION

Please indicate any relevant medical information, including medical conditions and medications currently taken:

### MEDICAL INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

On rare occasions an emergency will develop which requires medical care, hospitalization or surgery for a participant. So that such treatment can be administered without delay, the College requires that each participant, and the parent or legal guardian of any participant under 18, sign the statement below authorizing Northern Virginia Community College representatives to secure any necessary treatment. By signing this form, the participant, or the participant's parent or guardian, allows the provision of emergency treatment and waives the right to confidentiality as to all matters pertaining to the care and condition of the participant.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my free will.

I represent that I am 18 years of age or older and legally capable of entering this agreement.

\_\_\_\_\_  
*Participant's Name (Printed)*

\_\_\_\_\_  
*Signature of Participant (or Parent/Guardian)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*