



*Agreement Acknowledging a Parent/Legal Guardian's Consent, Participant
Responsibility,*

Express Assumption of Risk, and Release of Liability for Minor (under age 18)

By my signature below, I give permission to my son/daughter/ward to participate in the below named Portland Community College (PCC) **ACTIVITY/CLASS/EVENT** (hereinafter referred to "Activity"). I understand that during this Activity my son/daughter/ward may be exposed to a variety of hazards and risks of injury, foreseen or unforeseen, which cannot be eliminated due to the nature of the Activity. These inherent risks include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system and serious injury or impairment to other aspects of the body, health and well-being. I also understand that the dangers and risks of engaging in this Activity may result not only in serious injury, but in a serious impairment of my son/daughter/ward's future abilities to earn a living, and/or to engage in business, social and recreational activities and generally to enjoy life.

PCC has not tried to contradict or minimize my understanding of these risks. I understand that risks of such Injuries and Damages are involved in this Activity. I acknowledge that my son/daughter/ward must exercise extra care for their person and for others around them in the face of such hazards. I further understand that during this Activity there may not be immediate rescue or medical facilities or the expertise necessary to deal with the Injuries and Damages to which my son/daughter/ward may be exposed.

In consideration for my son/daughter/ward's acceptance as a participant in this Activity, I confirm my Agreement and Understanding that:

- I have read the rules and conditions applicable to the Activity made available to my son/daughter/ward; I will pay any required costs and fees for the Activity; and I acknowledge that my son/daughter/ward's participation is at the discretion of the Instructor.
- The Activity officially begins and ends at the Instructor's designated location(s), and may or may not include travel by department-arranged transportation by air and/or public, private, college, or rental vehicle, student-arranged carpool, or public transit to and from the location(s). My son/daughter/ward may be exposed to a variety of hazards and risks of injury, foreseen or unforeseen, which cannot be eliminated due to the nature of this travel/transportation. I AGREE and understand that the risks are the same as those recited in the previous paragraphs above, including injury to property and person up to and including serious impairment and death.
- My son/daughter/ward is personally responsible for their conduct and behavior during this Activity.
- If my son/daughter/ward decides to leave early and not complete the Activity as planned, I assume all risks inherent in their decision to leave and I waive all liability against PCC arising from that decision. Likewise, if the Activity is cancelled, and my son/daughter/ward decides to go forward without the Instructor, I assume all risks inherent in their decision to go forward and I waive all liability against PCC arising from that decision.
- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- To the fullest extent allowed by law, I voluntarily agree **to Waive and Discharge All Claims of Whatever Nature, and Release from Liability**, fully and finally, now and forever, for my son/daughter/ward, myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family, and to release, exonerate, discharge and **Hold Harmless** Portland Community College, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action or demands arising out of any injuries to me or to my property, or losses of any kind which may result from or in connection with my son/daughter/ward's participation in the below named Activity.
- I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to have my son/daughter/ward participate in this Activity.

Medical Treatment Authorization

In the event of illness and/or injury, I (parent/legal guardian named below) do hereby consent to whatever medical or dental diagnosis and/or examination, emergency care and/or transportation to hospital or clinic, treatment, x-rays, anesthetic, or surgical care is considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services for my son/daughter/ward.

Parent/Legal Guardian must sign this Agreement on behalf of Minor

I, _____, hereby agree and consent to the foregoing Agreement on behalf of
(Print Parent/Legal Guardian Name)

(Print Minor's Name)

Parent/Legal Guardian Signature: _____

Date: _____

Participant Name (Print): _____

Signature: _____

Participant Date of Birth: _____

Name of Activity: _____

Instructor/Director Name (Print): _____

Activity Date: _____

PLEASE SIGN AND RETURN THIS FORM TO INSTRUCTOR/DIRECTOR

Instructor/Director: Signed form must be on file with the College before Activity commences