

Student:	_____				
ID#:	_____	Activity:	_____	Date:	_____
Academic Year:	_____	Phone:	_____		
Email:	_____				
Mailing Address:	_____				

***Please read this document carefully and provide all requested information applicable to the student participant. (Fillable Form) Please ask for clarification or help if needed.***

I agree that as a voluntary participant in the Student Activities program at New River Community College I am responsible for my own behavior and wellbeing and assume all risks associated with this activity. I accept this as a condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this endeavor. I further agree to abide by any and all specific requests by the College and College personnel for my safety or the safety of others, as well as any and all of the College's personnel 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 at any time my participation or behavior is deemed detrimental to the safety and welfare of myself or others or that my actions fail to meet the NRCC Student Code of Conduct.

In consideration for being permitted to participate in this program and because I have agreed to the risks involved, **I hereby agree that in the event of an accident or injury sustained in participation of any type of student activity at NRCC my personal insurance or myself are responsible for any/all resulting personal injury, damage to, or loss of my property which may occur as a result of my participation in this endeavor. Furthermore, I understand that New River Community College does not provide student insurance of any type. I also fully understand that NRCC has strongly encouraged me to secure my own personal insurance for my wellbeing and protection.** Additionally I understand that this assumption of risk form will remain in effect during my continued participation in this activity, unless a specific revocation of this document is filed in writing with the College-wide Student Activities Advisor, at which time my visits to, or participation in this program will cease.

I understand that in the event of accident or injury, personal judgment may be required by New River Community College personnel regarding what actions should be taken on my behalf. In the case of a situation developing that requires immediate medical care, hospitalization, or surgery for a student participant - the college requires that each student participant (and the parent/guardian of any participant under 18) sign this form's signature line authorizing New River Community College representatives to secure any applicable and necessary medical treatment including the administration of anesthetics and surgery. By signing this form, the participant, or participant's parent/guardian, allows for the provision of emergency treatment in cases of emergency and waives the right to confidentiality as to all matters pertaining to the care and condition of the participant. Such information will be discussed openly with any emergency services provider. **I acknowledge that NRCC personnel may not legally owe me a duty to take action on my behalf. I also understand the costs for any treatment are my responsibility and/or the responsibility of my parent/guardian.**

**Medical Information**

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

\_\_\_\_\_

**Insurance Information**

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

**Emergency Notification**

Please Notify the following individual or individuals in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

**Transportation Opt-Out Statement – (Optional –May Not Be Applicable to All Events)**

I am electing to provide my own transportation to this event. In doing so I assume all risks/costs inherent in providing my own transportation and release New River Community College from any responsibilities concerning injury or loss that might occur as a result of my decision/actions.

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

**Participant is 18 Years of Age or Older.**

I acknowledge that I have read and fully understand this document. I further understand that I am accepting these personal risks and conditions of my own free will and that I assume all responsibility for injury/loss. Furthermore I represent that I am 18 years of age or older and legally capable of entering into this agreement. **I am also fully aware that NRCC does not provide insurance of any type to student participants in any Student Activities programs.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant is Under 18 Years of Age.**

I acknowledge that I have read and fully understand this document. The student participant is under 18 years of age and I am providing provision for him/her to participate in this activity program. I also agree to be responsible for his/her behavior, safety, and any medical expenses that may develop as a result of participation. **I am also fully aware that NRCC does not provide insurance of any type to student participants in any Student Activities programs.**

Participant's Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Address: \_\_\_\_\_