



SID# _____

Green River College Activity/Event Waiver

I, _____ hereby acknowledge and certify the following:

(First and Last Name)

1. I understand that in connection with my voluntary participation in _____, there are inherent risks and I accept personal responsibility for my own actions. (Name of Event)
2. 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 activity/event.
3. I understand that by participating in this activity/event, I agree to be photographed for potential use in college publications and social media outlets.
4. I certify that I am in excellent 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 this activity/event. If I need any reasonable accommodation, I will notify the Student Life Office at least two weeks prior to the activity/event.
5. I understand that neither the college nor any of its agents serve as guardians or insurers of my safety, and that the college does not provide special insurance for my protection.
6. I understand that Green River College does not cover any damage or injury suffered in the course of traveling in a vehicle for this activity/event.
7. I understand that there are certain dangers associated with my participation in activities and events, including accidents, illness, and any other harm, injury or damage which may befall me as a result of activities and events that are or are not planned and/or lead by a GRC staff or faculty member or student leader. I freely and voluntarily accept such risks and hold Green River College and all its agents free from liability in the event I suffer personal or property injury or damage because of, or in the course of, participation in the activity/event.
8. In case of emergency, I request that the college notify:
contact: _____ relationship: _____
cell phone: _____ work phone: _____
9. I realize that I may be required to acknowledge and complete additional liability waivers that may be presented to myself by GRC and/or other organizations in addition to this activity/event waiver.
10. I understand that I release Green River College of any and all responsibilities at the end of stated event time. If I choose to extend my stay past the official termination of activity/event, I assume any and all liability.
11. I hereby voluntarily sign this document and knowingly assume the above described risks associated with participating in the activity/event.
12. For volunteer activity/events ONLY: I have looked at the Task List for this volunteer activity/event and can perform the tasks expected with or without reasonable accommodations.

I have fully informed myself of the contents of this waiver by reading it before I signed it. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date_____
Print Full Name_____
Signature

For international students under 18: You must go to the IP Office to get a copy of your medical release form, attach it to this waiver, and turn in once complete.

For domestic students under 18: Your parent or legal guardian must sign **in addition to yourself**.

Date_____
Parent/Guardian Print Full Name_____
Parent/Guardian Signature