

Assumption Of The Risk Form

(Approved as to form by Rita Woltz, VCCS System Counsel, 11/11/22)

Name of Activity

Date of Activity

I agree that as a participant in the activity listed above (on the date indicated) associated with New River Community College (the "College") that 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 injury, illness or death caused by accident on the road, injuries due to falls; etc., stings, carsickness, being left behind, and random acts of violence.

I understand that in the event of accident or injury, personal judgement may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College 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 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, or loss is directly due to the negligence of the College. I understand that this Assumption of Risk 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 the Dean of Student Services at which time my visits to or participation in the program will cease.

In case of an emergency, please contact

Name

Phone No.

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 own free will. I also represent that I am 18 years of age or older and legally capable of entering into this agreement.

Participant Signature

Date

Address

If the participant is under 18, the parent or guardian must complete the following section.

My child/ward is under 18 years of age, and I am hereby providing permission for him/her to participate in this event or program, and I agree to be responsible for his/her behavior and safety.

Child's Name

Parent/Guardian Signature

Date

Address