



Liability Release Form
Emergency Medical Services Authorization

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact/Phone Number: \_\_\_\_\_

Course and or activity: \_\_\_\_\_

If activity, please describe \_\_\_\_\_

I understand that participation in this course/activity is not required and will expose me (Student) to risks of injuries. I understand that Student has the opportunity to enroll in other courses/activities with fewer risks of injury. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. I understand that these risks could cause harm to Student, his/her property, and other persons.

I fully recognize the dangers inherent in the course/activity, but I am willing to participate in the course/activity. In consideration for providing Student the opportunity to participate in the course/activity, I voluntarily agree to waive and discharge any and all claims against Southwestern Oregon Community College ("College") and release it from liability for any loss regardless of cause, including claims for any negligent actions of the College or its employees or agents, to the fullest extent allowed by law, for myself, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and Hold Harmless the College, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Student, or to my property, or losses of any kind which may result from or in connection with Student's participation in the course/activity, including injuries stemming from the negligent actions of the College or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of Student.

In the event that Student may require emergency medical treatment while participating in the course/activity, I authorize the College and its employees to secure emergency medical services, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

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.

I certify that I have read this release and fully understand its contents. I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to participate in this course/activity.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (under 18) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Instructors must turn in to the Office of Instruction and Student Services a Hold Harmless form, properly completed for each student in above designated trip.