



# Informed Acknowledgement of Risks and Hazards and Parental Release of Liability, Assumption of Risks and Medical Consent Regarding CWCE Summer Youth Camp

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, participant who is  
(print name of parent/guardian) (print name of participant)  
under age 18. I certify and acknowledge that I have read, understand, and agree to the following terms and conditions which constitute a legally binding Informed Acknowledgement of Risks and Hazards and Parental Release of Liability, Assumption of Risks and Medical Consent Regarding CWCE Summer Youth Camp (hereinafter "Agreement"):

1. We voluntarily choose for participant to join a summer youth camp which may involve modding and video game design opportunities including, Make your First Video Game, Make your first 3D Video Game, App Attack, App Adventures, Minecraft Designers, Minecraft Modders, and Code Breakers. I recognize that this activity is not part of an academic program or required for the fulfillment of participant's obligations toward obtaining an academic degree.
2. We accept full personal responsibility for participant's actions and conduct in this activity, including making sure that participant knows: (a) all of the risks and dangers that my participant may encounter in this activity including, but not limited to risks and dangers to participant's person and property, and (b) how to exercise reasonable care to avoid or minimize those risks and dangers.
3. We understand and agree that during this activity participant shall abide by all Rules of Conduct specified by staff which includes complying with directions given to participant by CCS staff or agents of the college.
4. We understand that the camp will occur on a college campus and that participants will not be accompanied by adults at all times.
5. We understand and agree that alcohol, illegal drug (including marijuana) and improper use of prescription drug use by participant is prohibited at all times, including en route to, during this event, and returning from this event.
6. We certify that participant is in good health and have no physical, medical, mental, or emotional impairments, conditions, or concerns that might jeopardize or affect participant's safety, or the safety of others, related to his/her participation in this activity. I understand that I am encouraged to consult with a physician or other trained licensed medical professional before participant engages in this activity for the purpose of having the health care provider approve participant's participation in this activity.
7. We understand and agree that there are certain risks and dangers associated with participant's engagement in the CWCE Summer Youth Camp, including, but not necessarily limited to, risks damage or loss to property and risks of the following accidents and injuries: carpal tunnel syndrome, cumulative trauma disorders, repetitive use or overuse injuries, eye strain, computer eye syndrome, eye damage, muscle strains, musculoskeletal problems, bruises, cuts, scrapes, sprains, scratches, broken bones, concussions, and falling. We voluntarily elect for participant to engage participate in this activity with full knowledge of these and all other risks and dangers arising from or associated with participant's involvement in this activity.
8. We further understand that the college does not provide any special insurance for participant's protection, and that Parent/Guardian's responsibility to obtain any appropriate insurance. We further acknowledge that CCS strongly recommends that Parent/Guardian's obtain insurance coverage in case of any injury or damage sustained or caused resulting from participant's engagement in this activity.
9. We understand and agree that any and all expenses arising from an accident or injury to participant's person or property, including but not limited to, ambulance, emergency medical services, medical treatment, rehabilitation, loss of wages, and damage or loss to property are responsibility of Parent/Guardian.
10. As participant's parent guardian, I consent to any emergency medical treatment should the need arise during this camp. In the case of an emergency, I request that the CCS contact:

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

Insurance company

Policy number

Emergency contact name

Phone number

The participant currently is on the following medications: \_\_\_\_\_

When the parent/guardian cannot be immediately contacted, Community Colleges of Spokane is authorized to contact the following:

Family physician

Physician's phone number

11. In consideration of, and as part of payment for, the right for participant to participate in this CWCE Summer Youth camp, we represent, warrant and agree that this is a complete release on behalf of parents/guardians, participant, and our heirs, assigns, or other successors in interest which releases and discharges CCS, the State of Washington, and their officers, agents, employees, agencies, and departments from any and all claims, damages and causes of action of any nature whatsoever arising out of participant's participation in this activity including wrongful death and survival claims, damages for medical, hospital, medication expenses, and loss of services and support, and damages for loss of love and companionship of the student and for injury to or destruction of the parent-child relationship. Further, we warrant and agree that we will indemnify and save harmless the parties herein released from all loss, damage and expense of any kind or character to participant arising out of participation in this activity.

**I CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE STUDENT WHO IS UNDER EIGHTEEN (18) YEARS OF AGE. I CERTIFY THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND LEGALLY COMPETENT TO SIGN THIS FORM. I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A LEGALLY BINDING AGREEMENT. I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMED ACKNOWLEDGEMENT OF RISKS AND HAZARDS AND PARENTAL RELEASE OF LIABILITY, ASSUMPTION OF RISKS AND MEDICAL CONSENT REGARDING CWCE SUMMER YOUTH CAMP, AND HEREBY EXECUTE THE SAME VOLUNTARILY ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2016.**

**Parent/Legal Guardian's Signature:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**I CERTIFY THAT I AM THE PARTICIPANT. I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS DOCUMENT AND ACKNOWLEDGE THE RISKS AND HAZARDS OF THIS ACTIVITY. I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A LEGALLY BINDING AGREEMENT. I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMED ACKNOWLEDGEMENT OF RISKS AND HAZARDS AND PARENTAL RELEASE OF LIABILITY, ASSUMPTION OF RISKS AND MEDICAL CONSENT REGARDING CWCE SUMMER YOUTH CAMP. I AGREE AND UNDERSTAND THAT I WILL BE RESPONSIBLE FOR COMPLYING WITH ALL RULES OF CONDUCT AND AGREE AND UNDERSTAND THAT ALCOHOL, ILLEGAL DRUG (INCLUDING MARIJUANA) AND IMPROPER USE OF PRESCRIPTION DRUG USE IS PROHIBITED AT ALL TIMES, INCLUDING BEFORE, DURING, AND RETURNING FROM THIS EVENT.**

**DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2016**

**Participant's Signature:** \_\_\_\_\_

**Print Full Legal Name:** \_\_\_\_\_