

**Acknowledgment of Risk**

I, the undersigned, acknowledge that I am fully aware of and understand the special risks involved in participating in the field activities of Arts, Environment & the Child whenever in the field including the Skokomish Indian Reservation or in any project-related environment. The risks are those associated particularly with travel, gardening, wildcrafting, being exposed to children and childhood diseases, working with art materials and supplies, etc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Insurance**

I have medical insurance that will provide coverage in case of accidents or illnesses that may occur during participation in Arts, Environment & the Child. The name of the insurance company is \_\_\_\_\_. Policy Number \_\_\_\_\_

**Program Covenant**

I acknowledge that I have read, understand and agree to abide by the provisions of the program covenant for Arts, Environment & the Child. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical/Physical Limitations**

Please state here any medical/physical limitations that may affect your participation in the program's field activities that the faculty should be aware of. Physical disabilities or conditions: \_\_\_\_\_

List any medication you are taking: \_\_\_\_\_

What special dietary restrictions do you have: \_\_\_\_\_

What else might affect your participation: \_\_\_\_\_

Do you have any allergies? If so, please indicate: \_\_\_ penicillin \_\_\_ dust \_\_\_ bees \_\_\_ wasps \_\_\_ hay \_\_\_ fur  
foods (list) \_\_\_\_\_  
drugs (list) \_\_\_\_\_  
other (list) \_\_\_\_\_

**Assumption of Risks**

By signing and initialing as appropriate you are agreeing to the following:

I have read the foregoing statement of risks and I acknowledge that I am acquainted with the dangers and risks of these activities. Also, I am of the appropriate skill level and physical condition to undertake the rigors of this class. If I have any doubts of my physical or mental condition, I will seek medical advice. I have made a careful decision that I am willing to accept and assume all risks. **Initial** \_\_\_\_\_

Additionally I have read the information on personal vehicles and understand that if I drive my own vehicle, I am responsible for my actions. I understand that The Evergreen State College is not responsible for the safety of personal vehicles, nor does it provide insurance. I also understand that personal medical insurance is not provided by The Evergreen State College and that I am responsible for obtaining proper personal insurance coverage. **Initial** \_\_\_\_\_

**Liability Release**

For and in consideration of The Evergreen State College permitting me to participate in the above-stated activities, I understand and agree that situations may arise during these activities which may go beyond the control of The Evergreen State College or of faculty or other program participants. For myself and my personal representatives, assignees, heirs, and next of kin, or any other related party, I RELEASE, FOREVER DISCHARGE, AND AGREE NOT TO SUE the State of Washington, The Evergreen State College and their employees, officers, agents and volunteers, members of the Skokomish Indian Tribe and community, and other outing members from any and all claims and liability arising out of strict liability or ordinary negligence which causes the undersigned injury, death, or property damage. I HEREBY WAIVE ALL SUCH CLAIMS WHICH I NOW OR MAY HEREAFTER HAVE AGAINST THE ABOVE ORGANIZATION OR PERSONS. I have read and understood the above and agree to be bound by it. **Initial** \_\_\_\_\_

**Important Note:**

Before signing, read carefully the statements on the front and back of this form. DO NOT sign until you fully understand all statements and the risks associated with these activities. If you have any questions, please do not hesitate to ask your faculty.

I HAVE READ CAREFULLY THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE, AND A CONTRACT BETWEEN MYSELF AND The Evergreen State College, AMONG OTHERS, AND FOR MYSELF AND FOR THE BENEFIT OF OTHERS DESCRIBED HEREIN, I SIGN IT OF MY OWN FREE WILL.

Name (Print) \_\_\_\_\_ Age \_\_\_\_\_

Signature \_\_\_\_\_ Current Date \_\_\_\_\_