

## **Assumption of Risk**

Address			Date
Child's Name		Parent	t's or guardian's signature
If participant is less than 18 years of age and I ar responsible for his/her behavior and safety durin		ovision for him/her to par	rticipate in this program, and I agree to be
Participant's signature	Date		Address
I represent that I am 18 years of age	or older and legally ca	pable of entering this agr	reement.
I acknowledge that I have read and fully understa	and this document thi	s document. I further ack	knowledge that I am accepting these personal
at	(phone numbe	′).	
In case an emergency situation arises, please co			(name)
ame my visits to or participation in the program v	viii deade.		
this document is filed in writing withtime my visits to or participation in the program v		(program co	pordinator or College administrator), at which
Assumption of Risk Form will remain in effect du			
I am responsible for any resulting personal injury out of my participation in this program, unless an the College and /or	ny such personal injury	, damage to or loss of my	y property is directly due to the negligence of
In consideration for being permitted to participat	· -	_	
or behavior is deemed detrimental to the safety of	_	2 3 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,
activities related to this program. I understand th			
company or organization) for my safety or the saf	-	-	ege's and ization) rules and policies applicable to all
I further agree to abide by any and all specific red	-		
advance, ii desired, and to take into account my	personal fleater and p	mysical condition.	
legally owe me a duty to take any action on my boadvance, if desired, and to take into account my			lity to secure personal health insurance in
that the College and/or			
(name of company or organization) or College pe			
I understand that in the event of accident or injur	ry, personal judgment	may be required by	
of the activities or related to the work environme			
to (end date), I am respons I acknowledge that I have been informed of the g			
name) Commun			
curriculum name) at		iname of compa	any or organization) associated with (college

Approved as to form by Rita R. Woltz, System Counsel for the VCCS, on February 10, 2005.

## Northern Virginia Community College Assumption of Risk Certificate

## Instructions for Completing the Assumption of Risk Certificate Form (NVCC 125-152, Rev. 4/08)

- The Assumption of Risk Certificate (NVCC 125-152) shall be completed by the instructor and signed by the students who are participating in the field trip/activity once the activity is approved.
- The completed and signed Assumption of Risk Certificate (NVCC 125-152) form must be filed before the activity takes place. The Assumption of Risk Certificate must be kept on file in the office of the division dean, director of continuing education or dean of student development, as appropriate, and retained according to the Commonwealth's records retention policies.
- The Assumption of Risk Certificate form must indicate whether or not the activity is voluntary.
- All significant risk factors must be identified on the form. The Assumption of the Risk Certificate must be presented to enrolled students at the beginning of any course in which the activity is required so that students have an option to drop the class with a refund should any of them not want to assume the risks of the activity.
- The Assumption of Risk Certificate should clarify the hazards of a specific trip or activity. It may not be completed for an entire semester in which different kinds of activity may take place.

Reference: Field Trip and Courses Handbook, May-1995