ACKNOWLEDGMENT OF RISK AND CONSENT FORM
Quinsigamond Community College

Section I *(To be completed by the faculty member or field trip leader)*

Class/Organization: _____

Destination: _____ Transportation provided by QCC: ☐ Yes ☐ No

Faculty Member/Field Trip Leader: _____

Activity Date (s): _____

Equipment Needed: Supplied by participant: _____

Supplied by leader: _____

Activity to be undertaken includes: _____

Inherent risks and dangers associated with this activity include all risk up to and including death.

Section II *(To be read and completed by the student or, if student is under 18 years of age by a parent or legal guardian)*

I acknowledge that I am currently enrolled as a/or a guest of a student at Quinsigamond Community College and am seeking to participate in the academic program/ voluntary activity described above. **All guests are the responsibility of the QCC student.** I further state that I am at least eighteen (18) years of age, fully competent to sign this Agreement, and am voluntarily seeking to participate in this activity (or in the case of students under the age of 18, I further state that I am the parent or legal guardian of the student identified below and am legally authorized to sign this form on behalf of the student who is voluntarily seeking to participate in this activity). I understand that by signing this document I am representing that I understand all its terms and conditions and fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

I acknowledge that there may be certain dangers, hazards, and risks associated with my participation in this activity and I have reviewed the list of inherent risks and dangers provided above. I further acknowledge and understand that all risks cannot be prevented. In light of the risks associated with this activity, I have consulted with my physician and/or health care provider to discuss whether my participation in the activity is appropriate given my current physical and mental health. Accordingly, I represent that I am physically and mentally able, with or without accommodation, to participate in this activity, and am capable of using the equipment, if any, associated therewith.

On behalf of myself and my family (including legal guardians) I agree to assume all the risks and responsibilities surrounding my participation in this activity, and agree to release from liability and waive any legal action against Quinsigamond Community College, its governing board, officers, agents, and employees (the parties), for personal injury, death, or property damage suffered by me while participating in this activity or while in transit to or from the premises where the activity is being conducted.

I understand and agree that the College may not provide or have medical services or personnel available at the location of the activity or on its campus. Therefore, should I require emergency medical treatment as a result of an accident or illness arising during this activity, I consent to such treatment. Further, I acknowledge that the College does not provide activity participants with health or accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment provided.

Further, I agree to comply with all rules and regulations included in the College's Student Handbook and all other rules as set forth by the College personnel during the activity. I agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held illegal or unenforceable, the remaining terms and provisions shall remain in full force and effect.

_____ _____

Student's **or** Guest's Name *(Please print clearly)* Personal Cell Number

_____ _____

Signature *(or signature of parent or legal guardian if participant is under 18 years old)* Date

In case of an emergency, please contact:

_____ _____

Name & Relationship Phone Number