



**Liability Release Form
Emergency Medical Services Authorization**

Student Name: _____

Student ID #: _____ Phone Number: _____

Address: _____

Emergency Contact/Phone Number: _____

Class: _____

I understand that participation in this Class is not required and will expose me (Student) to risks of injuries. I understand that Student has the opportunity to enroll in other classes 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 Class, but I am willing to participate in the Class. In consideration for providing Student the opportunity to participate in the Class, **I voluntarily agree to waive and discharge any and all claims against Rogue Community College District and release it from liability for any loss regardless of cause,** including claims for any negligent actions of the District 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 District, 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 Class, including injuries stemming from the negligent actions of the District 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 Class, I authorize the District 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 Class.

Student Signature: _____ Date: _____

Parent/Guardian (under 18) Signature: _____ Date: _____