In consideration for being allowed to utilize the programs, activities, services, facilities, and equipment available in the Walla Walla Community College Intramural Sports and Student Activities program, I understand and realize that my participation in any or all programs or activities may involve dangerous risks and hazards that may result in injury to me or even death. I also understand and agree that the programs and/or activities, in which I will be involved, may result in damage or loss to my personal property either due to the environment or the acts or omissions of myself or others, and that I am solely responsible for the protection and security of any personal property of any kind or description that I bring to the program or activity. I knowingly and voluntarily assume all such risks that I may sustain in connection with any and all programs and activities, including but not limited to, injury sustained through forces of nature, falling, slipping, and any accident or illness that may occur while I am enrolled in any or all programs and/or activities and any damage or loss to my personal property.

Furthermore, in consideration of the permission granted to me to participate in any or all programs or activities, on behalf of myself, my heirs, legal representatives, and assigns, I release and discharge the State of Washington, Walla Walla Community College, their administrators, directors, coordinators, employees, or their agents from liability for any injuries or property loss or damage I may sustain while participating in the Walla Walla Community College Intramural Sports and Student Activities program, even if arising out of the negligence on their part. This release, however, does not extend to loss or damage arising out of intentional acts by, or from gross negligence of, the administrators, directors, coordinators, employees, or agents of Walla Walla Community College.

I fully realize and accept the responsibility to carry out all program activities in a safe and prudent manner and within the structure of the policies, procedures, and guidelines of Walla Walla Community College.

I also agree I shall be responsible for any expense incurred or damages suffered as a consequence of my personal injury or property loss or damage, and I shall not hold the State of Washington or Walla Walla Community College responsible for such expenses.

Participant Signature: ___________________________ Date: ______________

Witness Name (Please Print): ___________________________

Witness Signature: ___________________________ Date: ______________

Note: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information.

Activity: ___________________________