

Lewis-Clark State College
Assumption of Risk and Release of Liability Form

Name: _____ ID # _____

Phone Number: _____ E-mail address _____

Address: _____
Street City State Zip

Purpose: _____ Date(s): From: _____ to _____

**Lewis-Clark State College Assumption of
Risk and Release of Liability Please Read
Before Signing!**

In consideration for being allowed to utilize the programs, activities, services, facilities, and equipment available in regards to Lewis-Clark State College, 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 Idaho, Lewis-Clark State 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 any events with Lewis-Clark State College, 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 Lewis-Clark State College.

I am also aware that dangerous weapons, alcohol, and drugs are not permitted on any Outdoor Adventures activities.

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 Lewis-Clark State 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, that **I shall carry adequate accident and health insurance** for this purpose, and I shall not hold the State of Idaho or Lewis-Clark State College responsible for such expenses.

I hereby grant further permission to Lewis-Clark State College to be photographed, without further compensation, understanding that is intended for publication or promotional purposes in print media, newspaper, television, video, motion picture, or web site on the internet. I additionally consent to the use of my name and/or interview comments in connection with the publication or promotional purposes in print media, newspaper, television, video, motion picture, or web site on the Internet.

Participant Signature: _____ **Date:** _____

Witness Name (Please Print): _____

Witness Signature: _____ **Date:** _____

Anyone with special medical needs or a history of medical problems should consult with their physician prior to the event or activity to be sure that they are in condition to make the trip or participate in the event. Any student with a medical problem and/or under the care of a physician may be required to provide a medical release prior to the event.