



CONTINUING EDUCATION
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ACTIVITY RELEASE, LIMITATION OF LIABILITY AND ASSUMPTION OF RISK

I the undersigned, voluntarily desire to participate in the class/workshop, _____,
sponsored and conducted _____ Quarter by Bellevue College and its instructor(s)
_____.

I further agree as follows:

I certify that to the best of my knowledge, I have no physical condition which will be aggravated by the activity or which will impair my ability to participate in the activity.

I assume responsibility for all risks of injury to my person and property that may be sustained in connection with the stated and associated activities, including travel by automobile or other conveyance.

I furthermore, release and discharge Bellevue College, its instructors and its respective officers, agents, representatives, and employees from each and every claim, demand, cause of action, suit, obligation and liability for my damages including personal injury, accidents, illness, death and personal property damage, cost or other damage that may arise out of or in any way be connected, directly or indirectly with my participation in such activity, or accident relating thereto, except those occasioned solely by the negligence of that said institution or their agents.

Name (please print) _____
Signature _____
Address _____
Date _____

If the above is signed by a minor, the **ACCOMPANYING PARENT OR GUARDIAN** shall sign below:
I represent that I am the parent/guardian of the minor who has signed herein above. I understand that I must accompany this minor on the field session(s) and I hereby release Bellevue College, its respective officers, agents, instructors, representatives and employees from any liability whatsoever as set forth herein above.

Name (please print) _____
Signature _____
Address _____
Date _____

In case of emergency please notify:

Name (please print) _____
Relationship _____
Address _____
Phone _____