



***Agreement Acknowledging a Parent's/Legal Guardian's  
Consent and Release of Liability for Minor (under 18)***

By my signature below, I give permission for my son/daughter/ward to participate in the below named **ACTIVITY**. I understand and AGREE that by my son/daughter/ward participating in this Portland Community College (PCC) Activity, that he/she may be exposed to a variety of hazards and risks of injury, foreseen or unforeseen, which cannot be eliminated due to the nature of the Activity. These inherent risks include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health and well-being. I also understand that the dangers and risks of my son/daughter/ward engaging in this Activity may result not only in serious injury, but in a serious impairment of his/her future abilities to earn a living, and to engage in business, social and recreational activities and generally to enjoy life.

PCC has not tried to contradict or minimize my understanding of these risks. I understand that risks of such Injuries and Damages are involved in adventures such as this Activity. I acknowledge that my son/daughter/ward must exercise extra care for his/her own person and for others around him/her in the face of such hazards. I further understand that in this Activity there may not be immediate rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which my son/daughter/ward may be exposed.

In consideration of my acceptance for my son/daughter/ward being a participant in this Activity, I confirm my Agreement and Understanding that:

- I have read the rules and conditions applicable to the Activity made available to my son/daughter/ward; I will pay any required costs and fees for the Activity, and I acknowledge that my son/daughter/ward's participation is at the discretion of the Instructor.
- My son/daughter/ward is personally responsible for all risks associated with this Activity.
- If my son/daughter/ward decides to leave early and not to complete the Activity as planned, I assume all risks inherent in my son/daughter/ward's decision to leave and I waive all liability against PCC arising from that decision. Likewise, if the Activity is cancelled, and my son/daughter/ward decides to go forward without the Instructor, I assume all risks inherent in my son/daughter/ward's decision to go forward and I waive all liability against PCC arising from that decision.
- 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.
- To the fullest extent allowed by law, I voluntarily agree **to Waive and Discharge All Claims of Whatever Nature, and Release from Liability**, fully and finally, now and forever, for my son/daughter/ward, myself, estate, heirs, administrators, executors, assignees, successors, and for all family members, and to release, exonerate, discharge and **Hold Harmless** Portland Community College, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action or demands arising out of any injuries, property damage, or losses of any kind to my son/daughter/ward which may result from or in connection with the below named Activity.
- I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to have my son/daughter/ward participate in the below named Activity.

**Medical Treatment Authorization**

In the event of illness and/or injury, I (*parent/legal guardian named below*) do hereby consent to whatever emergency care, medical or dental examination/diagnosis, and/or transportation to a hospital or clinic that is considered necessary in the best judgment of the instructor and/or an Emergency Specialist.

I further consent to treatment, x-rays, anesthetic, or surgical care that is considered time-essential by an attending physician, surgeon, or dentist, and performed under the supervision of a member of the medical staff of the hospital or clinic furnishing medical or dental services for my son/daughter/ward.

**Parent/Legal Guardian must sign this Agreement on behalf of Minor**

I, \_\_\_\_\_, hereby agree and consent to the  
(Print Parent/Legal Guardian Name)

foregoing Agreement on behalf of \_\_\_\_\_  
(Print Minor's Name)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Student's Name (Print): \_\_\_\_\_

Minor Student's Signature: \_\_\_\_\_

Minor Student's Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Name/Description of ACTIVITY: \_\_\_\_\_

Instructor/Director Name: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_

**PLEASE SIGN & RETURN FORM TO  
INSTRUCTOR/DIRECTOR**

*Instructor/Director: This signed form must be on file with the College before the Activity commences*