

ACKNOWLEDGMENT OF RISK AND CONSENT FORM Northern Essex Community College

Section I (To be completed by the faculty member or field trip leader)

Class/Organization:			
Faculty Member/Field Tr	rip Leader:		
Equipment Needed:	Supplied by participant:		
	Supplied by Leader:		
Activity to be undertaker			
Inherent risks and dange	ers associated with this activity:		
Section II (To be read a	and completed by the student or, if student is under 18 years.	ears of age by a parent or legal guardian))	
years of age, fully comp age of 18, I further state of the student who is v	etent to sign this Agreement, and am voluntarily seeking that I am the parent or legal guardian of the student idevoluntarily seeking to participate in this activity). I unand conditions and fully intend to be bound by the same	g to participate in this activity (or in the case of students under the entified below and am legally authorized to sign this form on behal aderstand that by signing this document I am representing that I also understand that I may wish to consult with an attorney prior	
inherent risks and dang associated with this acti appropriate given my o	gers provided above. I further acknowledge and und vity, I have consulted with my physician and/or health	d with my participation in this activity and I have reviewed the list of derstand that all risks cannot be prevented. In light of the risks care provider to discuss whether my participation in the activity is expresent that I am physically and mentally able, with or without ment, if any, associated therewith.	
activity, and agree to re agents, and employees	lease from liability and waive any legal action against	all the risks and responsibilities surrounding my participation in this Northern Essex Community College, its governing board, officers mage suffered by me while participating in this activity or while in	
campus. Therefore, sho treatment. Further, I ad	ould I require emergency medical treatment as a result o	vices or personnel available at the location of the activity or on its of an accident or illness arising during this activity, I consent to such participants with health or accident insurance and I agree to be adical treatment provided.	
Further, I agree to comp personnel during the act		's Student Handbook and all other rules as set forth by the College	
	ent shall be construed in accordance with the laws of the illegal or unenforceable, the remaining terms and provisi	e Commonwealth of Massachusetts. If any term or provision of this ons shall remain in full force and effect.	
Student's Name		(Please print)	
Signature (Signature of) 18 years old) In case of an emergency	parent or legal guardian if participant is under y, please contact:	Date	
Name & Relationship		Phone Number	