Piedmont Virginia Community College
College4Kids 2014
ASSUMPTION OF RISK FORM

Student Name:______________________________________________________________

I agree that as a participant in the 2014 College4Kids Programs at Piedmont Virginia Community College (PVCC), including Summer Career Academies, After School and Saturday Academies, scheduled between January 1, 2014, and Dec. 30, 2014, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity.

I hereby grant to PVCC, and to the press and media, the right to photograph, videotape, or otherwise digitally collect my likeness, voice and sounds (as “Works”) during my participation in the College4Kids programs. I further acknowledge that these cooperating entities have the right to use or sublicense these Works in all forms and for all purposes, including without limitation, advertising and other promotions for the College4Kids programs, including on the College4Kids Facebook page. It is a PVCC policy not to print a minor’s name with his/her picture without specific permission from his/her parent or guardian.

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the College for my safety or the safety of others, as well as any and all of the College’s rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College. I understand that this Assumption of the Risk form will remain in affect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with the program coordinator, at which time my visits to or participation in the program will cease.

1. Please list the names of the parent(s) and/or other adults who will be picking the student up, including parent signing below.

By signing this form, the parent gives permission for the adults listed below to pick his or her child up from the Academies:

(1) Name____________________Relation to student:_____________________ Phone number: ____________
(2) Name____________________Relation to student:_____________________ Phone number: ____________
(3) Name____________________Relation to student:_____________________ Phone number: ____________
2. Does the student have any allergies, or other health issues or conditions? __No __Yes

Please explain:________________________________________________________________________________________________________________________________________
________________________________________________________________________

(continued on back)

3. Does the student take any medications? __No __Yes

Please list:________________________________________________________________________________________________________________________________________

Does the student carry a respirator, EpiPen, or other medical device? __No __Yes

Please explain:________________________________________________________________________________________________________________________________________

In case an emergency situation arises, contact ____________________________ at ____________________________

Name Phone number

Emergency contact’s relation to student: ____________________________________________

I acknowledge that I have read and fully understand this document. I further acknowledge that I agree to the terms and conditions of this form, and I am accepting these personal risks and conditions of my own free will.

If participant is less than 18 years old, the following section must be completed.

My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

_________________________ ________________________________
Child’s Name Address

_________________________ ________________________________
Date of Birth City, State, Zip

_________________________
Date Parent/Guardian Signature