

Student's Last Name, First Name :

**Waiver of Liability for Orientation and Off-Campus Trips and Activities**

I understand and acknowledge that there is risk of injury to my child by his/her participation in off-campus trip and activities. I further understand that it is voluntary for my child to participate and that the college does not require his/her participation. I hereby release Seattle Central Community College and the State of Washington, its employees, officers, agents and trustees, and waive for myself, my heirs, executors, administrators and assign any and all right and claims for damages from any and all injuries that my child may suffer as a result of his/her voluntary participation in trips and/or activities.

I further agree to hold harmless and indemnify Seattle Central Community College, its employees, officers, agents and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by my child or any third party through his/her participation in any trips and/or activities.

By signing this Waiver of Liability for Off-Campus Trip and Activities form, I acknowledge that I have read its contents and warning, that I understand its contents and warning, and that I agree to its terms.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Consent to Medical Care and Treatment of Minor Children**

Hospitals and physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parents/guardians are not readily available to consent to treatment.

Copies of this form will be made available to the International Education Programs division of Seattle Central Community College.

I, \_\_\_\_\_, the natural parent/legal guardian of authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it's not advisable to take the time to contact me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of the treatment, including non-treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date