WINDWARD COMMUNITY COLLEGE
ASSUMPTION OF RISK AND RELEASE

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in class field trips, and during transportation to and from such trips, to which I may be exposed during my enrollment in ________ ________ ________ semester / term, 20___,
do hereby agree to assume all the risks and responsibilities surrounding my participation in such field trips or any independent research undertaken as an adjunct thereto; and, further, I do for myself, my heirs, executors, and administrators hereby remise, release, and forever discharge the University, and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, and actions, or cause of action, on account of damage to my personal property, or personal injury which may result from any cause during the period of participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this ___ day of __________, 20__.

Student / Participant Name (Printed)  
Student / Participant Name (Signature)  
Date

Student attended safety briefing on ____________, 20__.

(Instructors signature)

Name of parent or guardian if student / participant is under 18 years of age. (Printed)  
Name of parent or guardian if student / participant is under 18 years of age. (Signature)  
Date