

## ASSUMPTION OF THE RISK FORM

I agree that as a participant in the Transfer Tuesday Tours at RC, UL and LU associated with **Central Virginia Community College** (the "College") scheduled 10/15/2024, 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, including, but not limited to riding the buses and walking on campuses.

I understand that in the event of accident or injury, personal judgment may be required by **Central Virginia Community College** personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and/or 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 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 Vice President for Finance & Administration, at Central Virginia Community College, at which time my visits to or participation in the program will cease.

In case an emergency situation arises, please contact \_\_\_\_\_ (name) at \_\_\_\_\_ (phone number).

*I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.*

\_\_\_\_\_ I represent that I am 18 years of age or older and legally capable of entering into this agreement.

\_\_\_\_\_  
*Participant's signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

If participant is less than 18 years of age, 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*

\_\_\_\_\_  
*Parent's or guardian's signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date*

Approved as to form by Rita R. Woltz, System Counsel for the VCCS, on August 5, 2024.

Subject's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State VA Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

---

*I hereby irrevocably consent to, and authorize the use and reproduction by, the Virginia Community College System (VCCS), Central Virginia Community College (CVCC), or the Central Virginia Community College Educational Foundation (CVCCEF) of the photograph/video imagery made of me, which is described below. I realize the imagery is the sole property of the VCCS, CVCC, or CVCCEF and I agree that the VCCS, CVCC, or CVCCEF may use it for purposes it deems appropriate. This includes but is not limited to radio, newspaper, television, billboard, ads, brochures, social media, video, and the college website for the purpose of illustration, presentation, advertising, or publication in any manner the college deems appropriate.*

---

Project Title \_\_\_\_\_

Project Location \_\_\_\_\_

Project Coordinator \_\_\_\_\_

Signature of Subject \_\_\_\_\_ Date \_\_\_\_\_

Signature of Project Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If subject is under the age of 18):