Central Virginia Community College

ASSUMPTION OF THE RISK FORM

I_____ agree that, as a participant in the Radford University educational trip associated with Central Virginia Community College (the "College") scheduled for September 22, 2026, I understand that 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 understand that in the event of accident or injury, personal judgment may be required by Central Virginia Community College, or Radford University, or other college personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and the University 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 and University staff and for my safety or the safety of others, as well as any and all of the College's and University'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 and/or the University.

I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with the College, at which time my visits to or participation in the program will cease.

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

_____

_____

Phone number

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 agree to be responsible for his/her behavior during his/her participation in this program.

_____

Child's Name

_____

_____

Address/ Phone number

_____ _____

Parent's or Guardian's signature Date