



Release of Liability and Assumption of the Risk on behalf of my Minor Child

My child, _____, has my permission to attend the following class at
Print Name

North Seattle College: _____ on _____
Name of Class Date/s

LIABILITY RELEASE: In consideration of North Seattle College allowing the Participant to participate in the above class I, the undersigned, do hereby release, forever discharge and agree to hold harmless the Seattle College District VI, including North Seattle College, its directors, employees, volunteers and teachers (collectively herein "CE") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the CE class. I, the parent or legal guardians of this Participant, hereby grant my permission for the Participant to participate fully in the CE class, including trips away from the college premises. The undersigned further hereby agrees to hold harmless and indemnify said CE for any liability sustained by said CE as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND AM SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL. This is a legally binding agreement which I have read and understand.

Signature of parent or guardian Print Name Date

Daytime Contact
 Information:

_____ _____ _____
Cell Phone Work Phone Home Phone

Spouse's Name Daytime Phone

Emergency Contact Person Phone Relationship

Please list the name, phone number and relationship for any person who is authorized to pick up your child at the end of the class. Your child will only be released to you or those on this list:

Name	Phone Number	Relationship

Child's Physician

Phone Number

Medical Coverage:

Group/I.D.#

Please note that our instructors and staff are not authorized to administer any medications to your child, whether prescribed or over the counter. If your child requires medication during class time, we request that a parent or authorized person come to class to administer as necessary.

Please list any special conditions or restrictions of your child (physical, emotional, behavioral) that our instructor needs to be aware of:

Office Use Only:

Order Number: _____ Quarter: _____ Item #: _____

Date Received: _____ Received by: _____