NORTH SEATTLE COLLEGE
One of the Seattle Colleges
CONTINUING EDUCATION
Live to Learn!

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

After completing the following form, email the completed form to: *conted@seattlecolleges.edu*.

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Age: _____
first, last *mm/dd/yyyy*

Relationship to You: _____ CtcLink ID/Student ID No. (If known): _____

Quarter Information:

Quarter *(Select one)*: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year *(YYYY)*: _____

CLASS INFORMATION

Class Name	Class Date

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

_____

_____

_____

_____

_____

_____

_____

_____

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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 guardian 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.

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

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

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____