

Washington County Community College



Outdoor Adventure Center

**Consent to Participate for Adults  
Assumption of Risks and Release of Liability**

Name of Participant (printed) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Name of activity, program, or event \_\_\_\_\_

I understand that my participation in an event offered through the Washington County Community College's Outdoor Adventure Center will involve one or more of the following activities: paddling, canoeing, kayaking, sailing, mountain biking, camping, hiking, rock climbing, ropes course, skiing, skating and/or running. I understand the physical demands and the risks associated with my participation in any Outdoor Adventure Center activities including those listed above. I understand from my own inquiry the specific activities that I will participate in during this event; the physical demands and inherent risks associated with such activities; and that such risks include head, limb and spinal injuries caused by exertion or falling, could result in serious injuries, impairment or death. I therefore declare that I am in excellent health and may participate safely in the event with no restrictions, and do, therefore assume all risks arising from or as a result of my participation in the activities and event offered through the Outdoor Adventure Center. Washington County Community College follows all CDC COVID-19 guidelines requiring social distancing, face coverings and sanitizing equipment. I recognize the risks of transmitting COVID-19 and will follow the Maine CDC guidelines as well as Washington County Community College's COVID-19 guidelines.

I also understand that the purpose of this event may be to provide an educational opportunity for one or more students at the College. I understand from my own inquiry the inherent risks arising in such a learning environment, and I therefore agree to assume the responsibility for taking those precautions that I deem advisable prior to and during my participation. I also agree to release, discharge and hold harmless Washington County Community College, the Maine Community College System, individuals assisting in presenting the event and all of their respective agents, employees and officers from any and all liability, demand, costs or damages, including attorney fees, other than those for which Maine law prohibits release. I further authorize attending medical personnel to administer any necessary medical attention that may be required as a result of my participation in the event.

**Please sign below only if you have read, understood and agree to all of the above terms and conditions.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_