



## Release and Hold Harmless Agreement

This RELEASE AND HOLD HARMLESS Agreement is executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_(city), Washington.

IN CONSIDERATION of allowing my child to participate in an Olympic College program, I hereby, for myself, my child, my heirs, executors and administrators, agree to waive any claims, release and hold harmless Olympic College, its officials, employees, agents and volunteers, including class instructors, for any and all claims, injuries, damages, losses or suits, including all legal costs and attorney fees, arising out of or in connection with my child's participation in classes and activities with Olympic College Edventure Program, now or in the future. I fully understand the nature of the programs in which my child will be participating and assume full responsibility for the risk of injuries, and agree to indemnify Olympic from any loss, liability, damage, or cost Olympic College may incur due to the injuries suffered by my child. I agree to never institute suit or action against Olympic College for damages, cost, expenses, or loss of services resulting or arising from injuries.

I hereby give permission that my child be given emergency treatment by a qualified staff member of the Olympic College staff. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I understand that I will be responsible for all costs associated with emergency care for my child. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician to safeguard my child's health. I release Olympic College from any claim whatsoever on account of first aid, treatment, or service rendered to my child as a result of injuries. I agree to be financially responsible for any medical cost related to injuries.

Child's full name: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETED RELEASE FORM PACKET MUST BE RECEIVED BY OLYMPIC COLLEGE CONTINUING EDUCATION PRIOR TO THE START DATE OF THE FIRST PROGRAM FOR WHICH YOUR CHILD IS REGISTERED. IF NOT RECEIVED IN ADVANCE, A RELEASE FORM WILL NEED TO BE COMPLETED ON SITE BY A PARENT OR GUARDIAN BEFORE YOUR CHILD CAN BE SIGNED-IN ON THE FIRST DAY. PLEASE PLAN ACCORDINGLY.**

**Mail:**

Olympic College Continuing Education 1600 Chester Avenue, Bremerton, WA 98337-1699

**Fax:**

360-475-7845, Attn: Continuing Education

**Drop Off:**

Bremerton Campus: College Service Center, 4th floor, room 419, 360.475.7786

Poulsbo Campus: Director's Office, 2<sup>nd</sup> floor, room 221A, 360.394.2702

Pledge by student: I pledge to my instructors, peers and Olympic College staff, to be a fun and respectful participant of Olympic College's Continuing Education program. I will also treat the facility and all the equipment with respect.

**Student signature (required):** \_\_\_\_\_



# OLYMPIC COLLEGE

## Information & Emergency Contact Form

PLEASE PRINT

Child's name: \_\_\_\_\_  
Last First Mi

Parent/guardian(s): \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of siblings/friends at program this session:  
\_\_\_\_\_

**In addition to the person(s) listed above in case of emergency during the program, other contact options are:**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional phone: \_\_\_\_\_

**In addition to all the persons above, student is allowed to be picked up by the following individuals:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHANGE OF PLANS:**

If, after dropping off your child, you must make alternate pick-up arrangements with someone not listed above, please provide a special password that you will use when phoning those arrangements to us at Olympic College. Anyone not listed as an approved person to pick-up your child must know this password in order for staff to release your child.

**For Bremerton: 360.475.7786 ~ For Poulsbo: 360.394.2702**

Password: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_