



**ASSUMPTION OF RISK STATEMENT AND RELEASE**

I, \_\_\_\_\_ (print name), voluntarily choose to participate in Ranger Appreciation Day on May 14, 2026.

Ranger Appreciation Day is a campus event held in both indoor and outdoor spaces for students, employees, and their families, including minor children. The event may include food trucks and beverages, lawn and recreational games, inflatable interactives and attractions, a mechanical bull ride, music and amplified sound, prize activities, temporary structures, and large crowds. Participation may involve risks including, but not limited to, slips, trips, and falls on indoor surfaces or outdoor terrain; collisions with equipment or other participants; crowd congestion in high-traffic areas; use of inflatable or mechanical recreational equipment that may involve bouncing, climbing, or rapid or unexpected movement; equipment malfunction or vendor-related activities; exposure to loud noise or music; physical exertion; weather-related conditions; food-related illness or allergic reactions; and other physical or environmental hazards associated with indoor and outdoor events and large gatherings.

By signing below, I acknowledge and agree:

1. I accept full responsibility for my participation, including understanding the risks involved, exercising reasonable care to avoid or minimize those risks, and voluntarily assuming all risks associated with this activity, including those that are known or unknown, foreseen or unforeseen.
2. I will follow the Olympic College Student Code of Conduct (WAC 132C-120) and will not use, possess, or distribute alcohol or illegal drugs during this activity.
3. I certify that I am in good health and able to safely participate.
4. I understand that Olympic College is not responsible for supervising my safety and does not act as a guardian or insurer. The College does not provide insurance for my participation.
5. I release and hold harmless Olympic College, its employees, and agents from any liability arising from my participation to the fullest extent permitted by law.

In case of emergency, I request that the college contact:

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

Phone #: \_\_\_\_\_

I certify that I am at least 18 years old, or a parent/guardian has signed below. I have read and understand this agreement and sign it voluntarily. I authorize Olympic College to seek medical treatment in case of emergency.

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

If under 18:

Parent/Guardian Name: \_\_\_\_\_

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