

**GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY
ACKNOWLEDGMENT OF RISK**

I intend to participate in _____ . I understand that
_____ will involve _____ .

I acknowledge that there are certain risks inherent in this experience. I understand that following are some of the potential hazards and conditions that may be encountered while engaging in this activity:

1. [LIST POTENTIAL HAZARDS OF ACTIVITY]
- 2.

I have read the foregoing and understand that my participation in this activity involves some risk of personal injury. I hereby agree to assume such risks I acknowledge that all risks cannot be prevented and I assume those beyond the control of the GFC MSU staff. I represent that I am physically able, with or without accommodation, to participate in this activity.

Should I require emergency medical treatment as a result of accident or illness arising during the activity, I consent to such treatment. I acknowledge that the GFC MSU does not provide health and accident insurance for participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the activity director in writing if I have medical conditions about which emergency medical personnel should be informed.

Signature of Student or Parent/Legal Guardian (if under 18 yrs of age)

Date