



STATEMENT OF RESPONSIBILITY/ACKNOWLEDGEMENT OF RISK

I am aware that during the Commercial Transportation and Maintenance (CDL) experience in which I am participating under the arrangements of Grays Harbor College, certain dangers may occur, including **but not limited to**, the following: abrasions, cuts, punctures, muscle strain, back strain, eye injury, etc.

In consideration for the right to participate in this experience and the other program activities with Grays Harbor College, I have and do hereby assume all risks involved and will hold the State of Washington, Grays Harbor College, its employees, agents, and assigns, harmless from any and all liability actions, causes of action, debits, claims, and demands of every kind and nature whatsoever, which may arise from or in connection with participation in any activities arranged for me by Grays Harbor College. The terms thereof shall serve as a release and assumption of risk for the heirs, executors, administrators, and member of my family, including minors.

By my signature of this document, I acknowledge that I have been informed and further that I understand that I should have either personal medical insurance prior to enrolling in this program, or that I should enroll in student medical insurance. My preference is shown by **my initials** in the box(es) below.

I have personal medical insurance

I decline enrolling in a medical insurance program. I am fully aware of the risks and dangers which may occur during my CDL experience and other activities arranged for me by Grays Harbor College.

Student Signature

Date