

**Maricopa County Community College District  
Assumption of Risk and Release of Liability**

**CAUTION: THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING**

Glendale Community College is a non-profit educational institution. References to Glendale Community College ("College") include Glendale Community College, the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I (print your name) \_\_\_\_\_, freely choose to participate in the Chemistry Laboratory Course, **CHM 130LL** (henceforth referred to as the Program).

In consideration of my voluntary participation in this Program, I agree as follows:

**SPECIFIC HAZARDS OF THE PROGRAM:** (Specific dangers endemic in this Program.)

*Exposure to possible chemical burns	* inhalation of chemicals
*Fire damage	* exposure to flammable materials      *Exposure to heavy metals
*Exposure to toxic organic and other hazardous substances.	

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release College from any liability for any actions.

I have been advised of the proper laboratory techniques to use at all times while working in the chemistry laboratory in order to minimize any danger to others and myself in the laboratory, and I agree to employ these techniques. I have been instructed as to how to read chemical hazard labels, and I understand the significance of these labels. I will wear goggles while using chemicals and when working in an area where chemicals are being used by others. I will handle and dispose of chemicals as prescribed by my lab manual or the instructor. I will report any accidents to the instructor immediately. Lastly, if a procedure or directions are not clear to me, I understand that it is my responsibility to ask my instructor for clarification.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if student is a minor)

\_\_\_\_\_  
Date

**Emergency Information (Optional)**

In Case of Emergency Notify: \_\_\_\_\_

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

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

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

Allergies or Special Medical Condition: \_\_\_\_\_