

*Instructors only need to fill this out
once a year.*

RISK DISCLOSURE FORM

White Sulphur Springs Schools (“the District”) has hired you (“Instructor”) to instruct courses in its Adult Education program to enrolled students (“Students”), which include, but are not limited to, courses in first aid and CPR, art, crafts, and fitness (“Courses”).

You hereby represent, acknowledge, and understand the following:

1. You are fully capable of instructing the Course or Courses and have the requisite skill, knowledge, and experience to instruct the Course or Courses.
2. That Students may not be skilled in one or all of the Courses;
3. That the District has informed you that certain risks are inherent in some Courses and cannot be eliminated without destroying the unique character of the Course. These risks may include, but are not limited to, the inherent dangers related to exercise and fitness, hazards of traveling in and to areas without medical services or care, dangers due to the forces of nature (including, but not limited to, avalanches, lightning, fire, inclement weather, exposure, flooding), dehydration, falls, injury caused by malfunction or failure of any equipment, injury or sickness resulting from food, allergies, transportation accidents, and others;
4. That the foregoing description of risks is incomplete, and these risks and other unlisted, unknown, or unanticipated risks may result in injury or death;
5. That participation in a Course may require a degree of skill and knowledge which Students may not possess;
6. That Students have responsibilities as participants to listen to any instructions, warnings, or risk assessments given by you or the District, to ask for instruction or clarification whenever needed, and to follow instructions;
7. That you are to promptly report to the District any Student who has breached a safety policy, has engaged in conduct that you deem unsafe, or has been injured while participating in a Course; and
8. That the District may remove the Student from a Course for any breach of safety policies, or any conduct that you or the District deems unsafe.

By signing this Agreement, the Instructor acknowledges he or she has carefully read and understands its contents.

INSTRUCTOR SIGNATURE

DATE: _____