

HAMPSHIRE COLLEGE

Release of Liability / Assumption of Risk / Agreement not to Sue

Read this Release, Assumption of Risk, and Agreement not to Sue (this "Release") carefully and in its entirety. It is a binding legal document. After reading this Release, sign your name, to show that you agree to and do assume all risks associated with your child's participation in this Program and that you release HAMPSHIRE COLLEGE, its employees, trustees, officers, students, volunteers and representatives (the "College") of any and all liability resulting from your child's participation in this Program.

I, as the parent/guardian of the child named below, permit my child to participate in the (name of Program): _____ described on the next page. I understand what the Program activities will be and give full approval for my child's participation in the Program. I also understand that some of the Program activities may include travel and give permission for my child to ride in College-owned or other vehicles as necessary.

I acknowledge that my child may be exposed to hazards and I voluntarily agree to assume all risks. I understand that the risks of the Program may include loss, injury, death or property damage caused by accident or illness, the forces of nature, and travel by automobile, bus or other vehicle or other hazards that are unknown.

In consideration of my child's participation in the Program, I hereby, now and forever release the College from and against any causes of action, claims or demands of any nature that may result from or be connected in any way to my child's participation in the Program ("Claims"). I further agree not to sue and agree to indemnify and hold harmless the College from any Claims. It is also my express intent that this Release shall bind my spouse, family members, heirs, guardians, legal representatives, and assigns.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

My child has been told the rules of the Program and agrees to follow them. We understand that he or she (my child) may be asked to leave the Program if the rules or the instructions are disobeyed.

By signing below, I hereby confirm that I am the Parent or Legal Guardian for the Participant enrolled in the Program and that I have read this document in its entirety, understand it, and sign it voluntarily.

Signature of Parent/Legal Guardian _____ Date _____
Print Name:

Child's Name: _____ Month/Year of Birth: _____

Address: _____ Telephone Number: _____