**AMHERST 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 AMHERST 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.

**Medical Treatment Authorization**

I authorize the College to act on my behalf in any medical emergency as may be necessary.

**Media Release**

I understand and agree that the program and its participants may be recorded in any media and that the College may use or keep said recordings for any purpose.

**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.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number/s or info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Information (e.g., allergies, physical limitations, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information**

**Name of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/s of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact information for Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Use this if you need to reach the program manager during the program because of an emergency.*

**Drop off/ Pick up instructions:** (*for programs for under 12 year olds, it is best to have a process so that only the authorized parent can pick up the child.*)

**Activities:** (*be as specific as possible, be sure to include all activities including any food/beverage service, transportation, what they’ll do on breaks, etc.*)

**Participation requirements** (*e.g., level of knowledge of the sport, physical requirements such as height, etc.)*

**Program Rules** (*e.g., obey instructions, no horseplay, advise program leader if feeling unwell or can’t do the activity safely, be respectful of all participants, no cell phone use during play, etc.)*

**You are responsible to provide**

* *What should they be wearing*
* *Any equipment such as a personal water bottle, lunch or snacks, hockey stick, etc.*
* *Anything else*

*Add any other information that will help the parents and participants have a great experience.*

**Please complete and sign the reverse side of this document and submit it with your registration form.**

**Applicants will not be accepted without a completed, signed form.**

*We recommend that you make and keep a copy of this completed form for your records.*