



SMITH 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 SMITH 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 event held by Field Hockey: **(circle one)** :Tournament, Clinic: I understand what the Program activities will be and give full approval for my child's participation in the Program.

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, 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.

Medical Treatment Authorization

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

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: _____

Emergency Contact Number: _____

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

**Please complete and sign this document and submit it to the Camp Director.
Registrants will not be allowed to participate without a completed, signed form.**