

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE
(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS)

I, _____, hereby apply to participate in all activities in connection with the HOBART & WILLIAM SMITH COLLEGES _____ program and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and that my participation in said activities and use of any equipment or materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I understand that other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby fully acknowledge and accept these risks and dangers.

I am in good health and I am at or above the minimum age of 18 required to participate in the above activities and I am able to participate in any strenuous physical activity associated therewith.

I fully understand and acknowledge that HOBART & WILLIAM SMITH COLLEGES recommends wearing a protective helmet while using the rock wall, that helmets are available free of charge, and that wearing a helmet could prevent brain damage or death in the event of an accident. I take full responsibly for any decision that I make to use the rock wall without wearing a helmet.

I herewith release, forever discharge and waive any right of recovery or subrogation against HOBART & WILLIAM SMITH COLLEGES and its officers, directors, employees, contractors, volunteers, and agents from any and all liability whatsoever for any illness or injury, including death, or damage to or loss of my personal property that I may sustain while I am participating in the above program or any activities in connection therewith. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the above program or any activities in connection therewith shall be submitted to binding arbitration.

I HAVE READ THE ABOVE OR I ACKNOWLEDGE, IF VERIFIED BELOW BY THE INSTRUCTOR, THAT I HAVE HAD THIS DOCUMENT READ TO ME AT MY REQUEST, AND BY SIGNING IT I AGREE THAT IT IS MY INTENTION TO PARTICIPATE IN ACTIVITIES IN CONNECTION WITH THE INDICATED PROGRAM AND I UNDERSTAND AND ACCEPT ALL OF THE RISKS INVOLVED.

DATE(S) OF ACTIVITY OR ACTIVITIES:

LOCATION(S) OF ACTIVITIES OR ACTIVITIES:

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

CONTACT PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18YRS): _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER(S) _____

This form must be kept in the sponsoring HWS department files for seven (7) years from date of activity.