

WASHINGTON COLLEGE

ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration of being permitted to participate in any way in the _____ activity ("Activity"), I agree as follows:

1. I acknowledge that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe that conditions or my continued participation are unsafe, I will immediately discontinue further participation in the Activity.
2. I fully understand that: (a) the Activity involves risks and dangers including the possibility of serious bodily injury, permanent disability, paralysis, and death; (b) these risks may be caused by my own actions or inactions, the actions or inactions of others, the nature of the Activity, the conditions in which the Activity takes place, or other causes; (c) there may be other risks, including economic losses, either not known to me or not readily foreseeable at this time. I fully accept and assume all risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.
3. I do hereby, for myself, my heirs, administrators and assigns, **RELEASE AND HOLD HARMLESS** Washington College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, claims, or demands of any kind and nature whatsoever, including attorneys' fees and costs, which may arise by or in connection with my participation in the Activity. I further agree to **HOLD HARMLESS AND INDEMNIFY** Washington College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, claims, or demands of any kind and nature whatsoever, including attorneys' fees and costs, by any person which may arise by or in connection with my participation in the Activity.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature. I intend this Agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____

Address: _____ (Street) (City) (State)(Zip)

Phone: _____

Participant's Signature (only if age 18 or over):

Date: _____

PARENT/GUARDIAN RELEASE

I am the parent or legal guardian of the minor, _____, and I am signing this document on behalf of said minor.

Printed Name of Parent/Guardian: _____

Address: _____ (Street) (City) (State) (Zip)

Phone: _____

Parent/Guardian signature (only if participant is under the age of 18):

Date: _____