

**Assumption College
Department of Athletics**

Acknowledgment of Risk

I hereby acknowledge, understand and agree that I will be engaging in activities that involve risk and the potential for serious injury including permanent disability and death. I also acknowledge that it is my responsibility to act in accordance with the rules and regulations set forth by the College.

RELEASE AND INDEMNIFICATION OF CLAIMS

In consideration for permitting me to participate in the above activity, I agree to release on behalf of myself, my heirs, representatives, executors, administrators, and assigns; Assumption College, its trustees, officers, agents and/or employees from any cause of action, claim(s) or demand(s) of any nature whatsoever which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against the College, its trustees, officers, agents and/or employees (except to the extent the College is negligent) on account of personal injury(s), property damage, death, or accident of any kind, arising out of or in any way related to my participation in the above activity, whether participation is supervised or unsupervised. I also agree to indemnify and hold harmless Assumption College, its trustees, officers, agents and/or employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of my participation in the above activity

If the participant is under 18 years of age, a parent or guardian must sign below, certifying that that the child is in good health and fit to participate in athletic activities without restrictions and/or limitations. In case of medical emergency involving the child, the parent or guardian must understand that every effort will be made to contact them or other parent/guardian/alternate person. In the event a parent or guardian cannot be reached, the parent or guardian hereby gives permission to the physician selected by the clinic to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for the child. All participants should have a written description of all existing medical conditions and/or medications they are currently taking attached with this application.

I have carefully read the above acknowledgement of risk, release and indemnification of claims, and understand their contents, and voluntarily sign the same as my own free act. By signing this agreement, I agree to all of the terms & conditions contained herein.

Note: Assumption College & the Department of Athletics are not authorized to provide medical, accident or health insurance. You are advised to obtain appropriate insurance on an individual basis. If you are presently insured, you should check your policy to assure yourself of sufficient and appropriate coverage.