



# ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT FOR STUDENT ACTIVITIES

Student Name \_\_\_\_\_

**Event Participation.** I am a student at Champlain College Incorporated ("Champlain College" or the "College"). This agreement applies to my participation in any and all activities provided by the Student Life Center and Champlain College, including but not limited to, all athletic, social, educational or other events (referred to as "Event" or "Events"). I understand I am not required to participate in any Event and that my participation is free and voluntary.

**Risks.** I acknowledge that there are potential health, safety and other risks involved in participating in any Event. These risks include, but are not limited to, illness, bodily injury, death, property loss and/or damage, and other risks that may not be foreseeable. I understand and acknowledge that while Champlain College administers certain aspects of these Events, the College does not represent or act as an agent for, and cannot control the acts or omissions of, any other provider of goods or services in connection with an Event. I have or will carefully consider the risks involved in participating in each Event.

I agree to provide any necessary safety gear or equipment to engage in any Event that I am informed to provide.

**Assumption of Risks.** I understand and acknowledge that I am responsible for my own safety and welfare and I assume full responsibility for all risks associated with my participation in any Event and for my acts or omissions in connection with my participation in any Event. I understand that the College is not responsible for my health and safety and the College assumes no liability for injuries or damage in connection with my participation in any Event.

**Release of Claims.** I release and promise not to sue Champlain College and its employees, agents, officers, trustees, and representatives, from any liability or claim which I may have for any damages, losses, illness or injuries (including death) to my person or property arising out of or connected with my participation in any Event.

**Indemnification.** I agree to indemnify, defend, and hold harmless Champlain College and its employees, agents, officers, trustees, and representatives, from any liability, claims, damages, financial obligations, medical bills, losses or expense, including attorney fees, arising out of or connected with my participation in any Event.

**Health Issues.** If I have physical or mental health circumstances that may affect my participation in any Event, I understand and agree that it is in my best interest to discuss the situation with my physician or Page 2 of 2 (rev. 8-24-10) other care provider and with the Champlain College Coordinator of Support Services for Students with Disabilities. I understand that if I choose not to have such discussions, I should do so only after consulting with my health care provider(s) regarding potential risks of that choice, and agree that I take full and sole responsibility for such choice and any related consequences, including but not limited to potentially negative health, academic and/or financial consequences. I acknowledge that Champlain College does not provide any health or additional insurance if I am injured during an Event and that it is the college's expectation that all parties involved have their own insurance coverage. In case of emergency, I authorize Champlain College to obtain necessary treatment on my behalf at my expense up to and including the administration of anesthetic and surgery.

**Transportation.** I acknowledge that Champlain College will provide transportation to the site of an Event ONLY when the Event is not within comfortable walking distance from the center of campus. Providing or accepting transportation to an Event in personal vehicles operated by Champlain College students or staff is unauthorized by the college and done at my own risk.

**Alcohol or illegal drug use is not permitted at any Champlain College student activity.**

By signing this agreement I intend to bind myself and my parents, family, spouse, guardian, heirs, executor, administrators and assigns. I certify that I  am  am not age 18 or older

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**For each parent or legal guardian of a student under age 18.** I certify that I am a responsible parent or legal guardian of the above applicant, that I have read the foregoing Assumption of Risk, Release and Indemnification Agreement, and agree to the terms outlined above on behalf of the student who is a minor and for myself individually, intending to waive and release my own claims.

**All persons who are the responsible parents or legal guardians of a minor student must sign.**

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Address of parent or guardian

\_\_\_\_\_  
Address of parent or guardian

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone