WELLESLEY COLLEGE

Summer Session 2019

Pre-College Exploratory / Immersive Residential Program Contemporary Women's Leadership Residential Program 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 WELLESLEY COLLEGE, its employees, trustees, officers, students, volunteers and representatives (the "College") of any and all liability resulting from your child's participation in the Activities specified below.

volunteers and representatives (the "College") of a participation in the Activities specified below.	iny and all liability resulting from your child's
	, has permission to participate in
off-campus field trips and recreational activities (col Wellesley College Summer Residential Pre-College E Contemporary Women's Leadership Program. I und activities involve travel to and from various location private vehicles driven by program staff, public tran also understand that these field trips and recreation	exploratory / Immersive Program and/or the erstand that these field trips and recreational s, including the possibility of travel in college or sportation or private chartered transportation. I
I understand and acknowledge that my child may be assume all risks. I understand that the risks of the P property damage caused by accident or illness, the or other vehicle or other hazards that are unknown	rogram may include loss, injury, death or forces of nature, and travel by automobile, bus
In consideration of my child's participation in the Ac College from and against any causes of action, claim from or be connected in any way to my child's participation agree not to sue and agree to indemnify and hold have express intent that that this Release shall bind my legal representatives, and assigns. I understand that Agreement, and that, if I do not sign, my child will n	is or demands of any nature that may result cipation in the Activities ("Claims"). I further armless the College from any Claims. It is also by spouse, family members, heirs, guardians, at I have the ability to refuse to sign this
I expressly agree that this Release shall be governed of the Commonwealth of Massachusetts. I intend the of all liability to the greatest extent allowed by law.	·
My child has been told the rules of the Program and she (my child) may be asked to leave the Program if	_
By signing below, I hereby confirm that I am the Pa enrolled in the Program and that I have read this d it voluntarily.	
Signature of Parent/Legal Guardian	Date
Print Name:	
Child's Name:	Month/Year of Birth:

Address: _____ Telephone Number: _____