

**SWARTHMORE COLLEGE - ASSUMPTION OF RISK / RELEASE OF LIABILITY
(RE: MINOR PARTICIPANTS)**

Name of Person Giving Release for Minor: _____

Name of Participant / Minor: _____

Party Released: Swarthmore College, its affiliates, agents and employees including board of managers, directors and officers, administration, faculty and staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against the Party Released arising out of my child or guardian's participation in the following activity: Baseball Clinic to take place In the spring on the campus of Swarthmore College.

I also understand that the activity set forth above is undertaken on a completely volunteer basis. I make this decision by choice. My child / guardian's participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, sprained ankles or broken bones. I voluntarily assume the risk of these dangers to my child / guardian by choosing to allow them to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my child / guardian's participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by my child / guardian, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

Parental or Guardian's Acknowledgement of Assumption of Risk/Release of Liability for Minors:

I certify that the named child's date of birth is _____ (month/day/year) and is _____ years of age. I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

_____	_____	
Relationship to Minor	Minor's Name, Printed Clearly	
_____	_____	_____
Signature of Parent/Guardian	Parent/Guardian's Name, Printed Clearly	Date
_____	_____	_____
Signature of Witness	Witness's Name, Printed Clearly	Date

Addendum I certify that I am covered by an independent health insurance policy
Policy # Carrier _____