



# Assumption of Risk & Release of Liability Form

Department of Athletics, Physical Education, & Recreation  
500 College Avenue, Swarthmore PA, 19081  
(610) 328-8218 | (610) 328-7798

Name of Person Giving Release: \_\_\_\_\_

- 1. **Party Released:** Swarthmore College, its affiliates, agents and employees including board of managers, directors and officers, administration, John Patrick Gress, Tide Lacrosse LLC, camp staff, camp Athletics Trainers faculty and staff.
- 2. **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 participation in the following activity:  
\_\_\_\_\_ to take place on the following date(s): \_\_\_\_\_

I also understand that the activity set forth above is undertaken by me on a completely volunteer basis. I make this decision by choice and my participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage; physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, the potential for serious bodily injury, exposure to extreme conditions and circumstances; contact with other participants, spectators, or other natural or manmade objects; dangers arising from adverse weather conditions; situations beyond the immediate control of the Event Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers. I voluntarily assume the risk of these dangers by choosing to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my 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 me, now or in the future, whether suffered in transport to the activity or during the activity itself.

- 3. **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.
- 4. **Electronic Signature/Counterparts:** I acknowledge and agree that this Form may be executed in counterparts, using electronic or facsimile signatures, and that such a signature shall be legally binding to the same extent as a written signature by a party's authorized representative. Each counterpart shall be deemed an original, and all of which together shall constitute one and the same instrument. Each party waives any legal requirement that this Form be embodied, stored or reproduced in tangible media, and agrees that an electronic reproduction shall be given the same legal force and effect as a signed writing.

**Acknowledgement of Assumption of Risk/Release of Liability:**  
I certify that my present age is \_\_\_\_\_ and that I am therefore of a lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and 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.

Signature of Participant	Participant's Name, Printed Clearly	Date
Signature of Witness	Witness's Name, Printed Clearly	Date

**Parental or Guardian's Acknowledgement of Assumption of Risk/Release of Liability for Minors:**  
I certify that the named child's 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, together with the named child, 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.

Signature of Minor	Minor's Name, Printed Clearly	Date
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  
Carrier Name & Policy Number: \_\_\_\_\_