

ALBION COLLEGE
ACTIVITY STATEMENT OF RESPONSIBILITY AND RELEASE

Name of Activity: _____
(Hereinafter called "The Activity")

Description of Activity: _____

Activity Sponsor: _____

In consideration of being permitted to participate in The Activity, I hereby release Albion College (which includes the Board of Trustees, employees, and agents of Albion College) from all actions, cause of actions, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against Albion College, it's Trustees, employees, or agents for all personal injuries, known or unknown, which I may incur by participating in The Activity. I further agree to indemnify and hold harmless Albion College, it's trustees, employees, and agents from any loss, liability, damage, or cost they may incur as a result of my participation in The Activity, whether caused by the negligence of Albion College or otherwise. **I understand that participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another but range from minor injuries such as bruises and scratches to serious bodily injuries such as head injuries and even death.**

1. If injured, I understand that it is my responsibility to report each injury, no matter how minor, to Albion College Student Health Services or when the Albion College Student Health Services is closed, to contact Campus Safety.
2. It is likewise my responsibility to be present for any appointments with physicians as prescribed by the Albion College Student Health Services.
3. I understand that I am responsible for any medical expenses incurred as a result of my participation in The Activity. I therefore understand that I am expected to and be responsible for maintaining my own health insurance coverage.
4. I assert that my participation in The Activity is voluntary and understand that it is my responsibility to determine my ability to participate and at what level I can participate in The Activity.

I understand the above responsibilities and consent to adhere to these responsibilities. I have read this release and understand its terms and the risks involved with my participation in The Activity.

Participant Name – Please Print

Signature of Participant

Date

Signature of Parent/Guardian

(If participant is a minor- under 18 years of age)

Date