Assumption of Risk and Waiver of Liability

I, ____________________________________, will be participating in the following activity

Print Name

sponsored jointly by the Dartmouth College & Dartmouth Hitchcock Medical Center After

Hours Program, ______________________________________________

Description of After Hours Program

Hereinafter referred to as the “Activity” on the date(s) provided hereto, ______________________

Date(s) of Activity

I recognize, acknowledge and understand the following:

- Participating 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, and the risks can range from 1) minor injuries such as bruises and strains, to 2) major injuries such as loss of sight, neck or back injuries, heart attacks and concussions, to 3) catastrophic injuries including paralysis and death;
- I am physically able to participate in the Activity and know of no disability or prior injury which would prevent my participation in the Activity or potentially lead to my injury or the injury of another;
- In the event that a need for emergency medical service arises, I authorize and consent to such service being provided and assume the cost thereof;
- If the Activity requires the use of protective equipment, I recognize and assume all responsibility for utilizing properly fitted protective equipment and agree to wear this protective equipment at all times while participating in the Activity;
- My participation in the Activity is voluntary and is at my own risk.

Notwithstanding the above risks, which I recognize and accept, and in consideration of being permitted to participate in any way in the Activity, I, for myself, my heirs, personal representatives or assigns, do hereby waive, release and discharge both the Trustees of Dartmouth College, Dartmouth Hitchcock Medical Center, Dartmouth Hitchcock Clinic and Mary Hitchcock Memorial Hospital, their trustees, officers, employees and agents, from any and all claims for personal injury, accidents or illnesses (including death), and property damage, arising in any manner out of my participation in the Activity, including transportation to and from the Activity.

I have read the previous paragraphs and I fully understand its terms. I further acknowledge that the risks stated herein are not intended to be all inclusive and that my participation is voluntary and that I knowingly and voluntarily assume all risks known or unknown.

PRINT Participant’s Name ____________________________Participant’s Signature ____________________________Date ______

□ I am a Dartmouth College employee          □ I am a DHMC employee
□ I am a guest of a Dartmouth College employee □ I am a guest of a DHMC employee
□ Other (Please specify): __________________________

(If under 18 years of age, parent or guardian must sign waiver for under-aged participants.)
For participants under 18 years of age
I have read the above Assumption of Risk and Waiver of Liability set forth above and in consideration thereof, I, for myself, and on behalf of my son/daughter/ward/dependent, including my heirs, personal representatives or assigns, do hereby waive, release and discharge both the Trustees of Dartmouth College, Dartmouth Hitchcock Medical Center, Dartmouth Hitchcock Clinic and Mary Hitchcock Memorial Hospital, their trustees, officers, employees and agents, from any and all claims for personal injury, accidents or illnesses (including death), and property damage, arising in any manner out of the participation by the above named individual in the Activity, including transportation to and from the Activity. This is a release not only of my own rights as the father/mother/guardian, but also the rights of my minor.

______________________________________________________   _______________________________________
Signature of Parent or Guardian of Minor   Date