

AGREEMENT AND RELEASE

In consideration for Dartmouth College and the Pierce Law Center's willingness to allow me to participate in the following activity:

_____ (the "Event") to be held on _____, I hereby agree as follows:

1. I fully understand and appreciate the dangers and risks inherent in the Event (including the transportation to and from the Event, if applicable), which could include serious injuries or death, and property damage.

2. Knowing the dangers and risks of the Event, I agree on behalf of myself, my family, heirs, and personal representative to assume all the risks and responsibilities surrounding my participation in the Event and in advance release, waive, and forever discharge the Trustees of Dartmouth College, the Pierce Law School and their governing boards, officers, agents, employees, and any students acting as employees or agents (hereafter called the "Releasees") from and against all liability for any harm, injury, claims, demands, and causes of action arising from my participation in the Event.

3. I understand and agree that Releasees may not have medical personnel available at the location of the Event. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

4. In signing this Release, I acknowledge that I have fully informed myself of the content of the foregoing waiver of liability by reading it before I sign it, and I represent that I sign this document as my own free act and deed. I further acknowledge that if I am under the age of 18, I have reviewed this Agreement and Release with my parents or legal guardian and they have signed this document as well, authorizing my participation in the Event and agreeing to the terms of this Release. I understand that Releasees do not require me to participate in the Event, but I want to do so despite the possible dangers and despite this Release.

Participant:

Witness:

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Date _____

Parent/Guardian Signature _____

This form provides the Dartmouth Mock Trial Society and the Pierce Law Center with pertinent medical background and emergency contact information for your child. Please fill out the form in its entirety and return so that your child may participate in the Dartmouth Mock Trial Youth Conference.

Student Information and Medical Background

Student Name: _____ Sex: _____ Date of Birth: _____
Current Address: _____
Present Medications: _____
Allergies: _____
Chronic Medical Problems: _____
Special Dietary Needs: _____
Other items of concern: _____

Parent/Guardian Emergency Contact Information

Name _____ Phone Number _____ Relationship _____

If unable to contact the parent/guardian, I authorize the Dartmouth Mock Trial Society to call:

Name _____ Phone Number _____ Relationship _____