

ACKNOWLEDGMENT & ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY

THIS IS A LEGALLY BINDING AGREEMENT. BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN RIGHTS, INCLUDING THE RIGHT TO BRING A LAWSUIT TO RECOVER DAMAGES IF YOU ARE INJURED WHILE PARTICIPATING IN THIS ACTIVITY AT DARTMOUTH COLLEGE. PLEASE READ CAREFULLY BEFORE SIGNING.

Name of Intern: _____ Date of Birth: _____

Address of Intern: _____

Intern's Cell Phone #: _____ Email: _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Tel No.: _____

Activity: _____ Date(s): _____

ASSUMPTION OF RISK

In consideration of my participation in this Activity, the undersigned acknowledges and willingly agrees that:

1. I am enrolling in this Activity voluntarily and of my own free will.
2. I acknowledge and fully understand that this Activity involves risk of injury, including, but not limited to, serious and/or permanent physical injuries, exposure to laboratory chemicals or testing materials, and/or death which might result not only from my own actions, inactions or negligence, but also the actions, inactions or negligence of others, including the **Trustees of Dartmouth College**, its officers, servants, agents, employees and volunteers (hereafter referred to as "releasees"). I acknowledge and fully understand that the environment, weather and/or the equipment used also pose risks of injury or death. I also acknowledge that despite careful precautions, there are certain inherent dangers and risks of injury in this Activity, and I accept those risks and dangers. I accept personal responsibility for the damages following such injury, permanent disability or death, including those resulting from the negligence of the releasees.
3. I understand that I have the fundamental responsibility to act in a safe and alert manner. I will do everything possible to help reduce the potential for accidents. I will listen carefully to and follow all instructions and directions; I will pay attention to and follow safety rules; I will ask questions if I do not understand; and I will take responsibility for avoiding or minimizing risks.
4. I further certify that I am in good health and that I have no physical limitations which would preclude my safe participation in this Activity.

Participant's Signature: _____ Date: _____

If the above named Intern is under 18,

Parent/Guardian's Signature: _____ Date: _____

HOLD HARMLESS AGREEMENT, RELEASE AND WAIVER OF LIABILITY

I hereby agree to indemnify, save, and hold harmless the releasees, from any loss, liability, damage or costs they may incur due to my participation in this Activity, whether caused by the negligence of any or all of the releasees, or otherwise. I hereby release, waive, discharge and covenant not to sue the **Trustees of Dartmouth College**, its officers, servants, agents, employees, and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in this Activity.

It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above releasees.

ACKNOWLEDGMENT (if Intern is 18 or over)

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Signed this the _____ day of _____, 20_____

Signature of Intern _____

Printed name of Intern _____

ACKNOWLEDGMENT (if Intern is under 18)

As parent or guardian of the above noted Intern, on behalf of myself and said Intern, I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Signed this the _____ day of _____, 20_____

Signature of parent or guardian _____

Printed name of parent or guardian _____

Please provide this form to the sponsor of your Activity.