

CURRY COLLEGE

PARENTAL ACKNOWLEDGMENT, CONSENT, AND RELEASE FROM LIABILITY FORM

For Participation in

Name of Child: _____

I hereby consent to the participation of the child named above in all activities of the
("the Program"), to be held at _____.

I understand, recognize and acknowledge that this Program involves activities, such as [*insert list of activities*] that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child's participation in the Program.

In consideration of Curry College allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Curry College and its departments, officers, directors, board members, representatives, agents, employees, students, and volunteers from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys' fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to their participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

[The remainder of this page is intentionally left blank.]

I further acknowledge that I am the parent or legal guardian of the minor identified above,
with legal authority to sign this document.

PARENT OR GUARDIAN:

Signature

Name (Printed) & Relationship to
Student

Street Address

City

State

Telephone

Date: _____