



# ASSUMPTION OF RISK AND RELEASE FORM

PARTICIPANT: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

METHOD OF TRANSPORTATION: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

The purpose of this release form is to bring to the attention of the above (Participant) the existence of potential risks not found in the ordinary course of study at Bates Technical College (Bates). These include risks involved in traveling to and from the activity specified above (Activity) and will assist the Participant in making an informed decision as to whether to participate in this activity and, as a condition of such participation, I (Participant) sign this ASSUMPTION OF RISK AND RELEASE FORM.

I understand that by participating in this Activity, which involves the method of transportation specified above (Transportation), I am subject to the possibility of injury, which can include a direct physical and crippling injury, the of emotional injury experienced as a result of witnessing injury to another, or death.

I understand that Bates is not responsible for matters that are beyond its control, and I hereby release Bates from any injury, loss, damage, accident, delay or expense arising from participating in this Activity. It is my responsibility to be alert to matters of personal safety and security of personal property.

I have carefully read this Assumption of Risk and Release Form before signing. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

***(If under 18 years of age, signature of parent or legal guardian below is required.)***

I am the parent or legal guardian of the above Participant and have read the foregoing Assumption of Risk and Release Form (including such parts as may subject me to personal financial responsibility) and will be legally responsibility for the obligations and acts of the Applicant as described in this release form; and agree, for my self and for the Applicant, to be bound by its terms.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

College Contact for Activity is:

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Date