

This is a release of your legal rights. Review this document carefully and make sure you understand it before signing. Please keep a copy of your records.

I am aware that in signing this document for participation in Bates College student clubs/organizations officially recognized by the College (<http://www.bates.edu/bcsg/student-clubs/>) that certain elements programs or activities are inherently risky and can be physically, mentally, socially and emotionally demanding. Furthermore, I understand that certain risks and dangers including, but not limited to, risks and accidents involved in travel (motor vehicle, air, water transportation), indoor and outdoor sports, and recreational activities may result in loss of or damage to personal property, injury or fatality due to reckless/negligent behavior such as drug use, alcohol consumption, inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hypothermia, hyperthermia, or suffering from any type of accident or illness in remote areas without easy access to medical facilities or while traveling to and from the activity site.

I understand that I am not required to participate in any activities coordinated/sponsored by Bates clubs, organizations, or the Office of Campus Life, but may choose to do so, despite the inherent risks of doing so.

I am not relying on Bates to supervise or control my participation in activities or to warn me of every possible danger associated with activity/ies. I understand that I am solely responsible for assessing my own skill and ability to participate, on behalf of myself, my family, estate, heirs, executors, administrators, and assigns, I hereby accept all dangers, hazards, and risks that may result from my participation in the activity and hereby release Bates and all agents from any and all claims, suits.

I hereby affirm that I have no health-related reasons or problems that preclude or restrict my participation in this activity, and that, if any develop prior to the start of the activity, I agree to inform (who? Me? Student trip leader? Bates Health Center). If I have any health related, physical or mental, concerns about my participation in any club activity, I agree to seek advice from a medical expert prior to participation the activity/event.

I have a personal duty and responsibility to learn and follow the safety standards, guidelines and procedures established by my instructors or trip leaders and will make them aware at any point during the activity if I question my knowledge of these standards, guidelines and procedures or my ability to participate.

Bates College students are held responsible for their conduct at all times, including activities that occur off-campus. Any student who engages in academic or social misconduct shall be subject to disciplinary action by appropriate office of the College and/or the Student Conduct Committee.

The College reserves the right to investigate and discipline alleged misconduct even when it occurs off campus. The College usually will apply the Code in instances where the off-campus misconduct:

1. occurs in connection with a College-sponsored event or when students are acting as representatives of the College, or
2. directly affects another member of the Bates community, or
3. suggests a potential danger or threat to others.

Read the complete College Code of Conduct and Disciplinary Process located at: <http://www.bates.edu/student-affairs/student-conduct/code-of-student-conduct/>.


I understand and assume all dangers (hazards and perils) and risks associated with this program and waive all claims to causes of actions arising from participation in the Bates College student club/organization activity. I do hereby release all persons and agents of Bates College (its Boards of Directors, its officers, employees, volunteers, agents and their heirs, executors, assigns and Bates College) from liability whether by negligence, breach of contract, strict liability, or otherwise, which I may have against the program, its successors and assigns. Furthermore, I give consent to the instructors or other medical personnel to treat me in an emergency situation. By signing my name, I also bind my successors, heirs, representatives, administrators and assigns to the contents of this statement.

First Name of Participant: Harry Last Name of Participant: Potter

Cell Phone #: 207-555-9898

Home Street Address: 34 Dorchy Ave City: Lewiston State: ME

Campus Address: Chu Hall Rm# 209A

Signature of Participant:  Date Signed: 7/27/2017