Standard Release Format for College Sponsored or Funded Activities

WAIVER, RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to participat	e in the Babson College (the "Sponsor")
	_ that will be held from to
(herein referred to as the "Activity"),	, I hereby RELEASE, WAIVE, DISCHARGE, AND
COVENANT NOT TO SUE, AND AGREE TO HOLD Spons	sor, its trustees, officers, servants, agents,
volunteers and employees (herein referred to collective	vely as the "Releasees") FROM AND AGAINST
ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR IN	JURIES, INCLUDING DEATH, that may be
sustained by me during the Activity (which term including which I might participate during the Activity and troop, from or during the Activity).	des any official or unofficial programs or activities
1. Despite precautions, accidents and injuries ca aspects of the Activity I may undertake may be potent lose or damage personal property, or suffer financial I Therefore, I ASSUME ALL RISKS RELATED TO THE ACT	tially dangerous and that I may be injured and/or loss as a result of participation in the Activity.
 Death, injury or illness from accidents of any nat bodily injury of any nature, whether severe or no 	ure whatsoever, including but not limited to ot, which may occur as a result of participating in

Death, injury or illness resulting from

the Activity; and

- Theft or loss of my personal property during the Activity.
- Add any other specific exposures or risks:
- 2. I further acknowledge that the above list is not inclusive of all possible risks associated with the Activity, and that I am aware of the risks involved whether described or not. I further understand that participating in the Activity is an acceptance of the risk of injury, death and financial loss. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Activity activities and the use of facilities, equipment, or services in association with the Activity, and that I am voluntarily assuming all risks, whether known or unknown. I acknowledge that I will not be supervised during the Activity by an employee of Babson College.
- 3. I agree that my safety is primarily dependent upon my taking proper care of myself. I agree to make sure that I know how to safely participate in the Activity, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue in the Activity. I agree to limit my participation to reflect my personal fitness level. I agree to wear or use proper protection or gear as dictated by the Activity. I will not wear or use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others.
- 4. I understand that the Sponsor is not an agent of, and has no responsibility for, any third party including without limitation the provider of any services including food, lodging, travel, or any equipment associated with the Activity.

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- 5. It is my express intent that this **WAIVER**, **RELEASE**, **COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT** shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the Commonwealth of Massachusetts, without application of principals of conflicts of laws, and I consent to the jurisdiction of state and federal courts within Massachusetts.
- 6. In signing this **WAIVER, RELEASE, COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT**, I acknowledge and represent that I have read the foregoing in its entirety; and that I understand it and sign it voluntarily as my own free act and deed.
- 7. The provisions of this Agreement are severable. If any one or more provisions are determined to be illegal or otherwise unenforceable, in whole or in part, the remaining provisions shall nevertheless be binding and enforceable to the fullest extent provided bylaw.

Signature:		_(Parent's signature if under 18)
Printed Name:		_
Address:		_
Date:	day/month/year	
Witness:		_
Witness Name Printed:		<u></u>
Address:		_
Date:	day/month/year	

THIS IS A RELEASE AND WAIVER OF IMPORTANT LEGAL RIGHTS.

PLEASE READ CAREFULLY BEFORE SIGNING.

DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND WHAT IT MEANS.