**SWARTHMORE COLLEGE - ASSUMPTION OF RISK / RELEASE OF LIABILITY**

Name of Person Giving Release: _____

Party Released: Swarthmore College, its agents and employees including board of managers, directors and officers, administration, faculty, staff and students.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against the Party Released arising out of my participation in the Expanding Your Horizons conference to take place on March 26th, 2011.

I also understand that the activity set forth above is undertaken by me on a completely volunteer basis. I make this decision by choice and my participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. In addition to the above, event specific risks include, but are not limited to, clothing damage due to permanent dyes and allergic reactions from latex. I voluntarily assume the risk of these dangers by choosing to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

***Parental or Guardian's Acknowledgement of Assumption of Risk/Release of Liability for Minors:***
I certify that the named child's date of birth is _____ (month/day/year) and is _____ years of age. I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I, together with the named child, have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

| _____ | _____ | _____ |
|---|---|---|
| Signature of Minor | Minor's Name, Printed Clearly | Date |
| _____ | _____ | _____ |
| Signature of Parent/Guardian | Parent/Guardian's Name, Printed Clearly | Date |
| _____ | _____ | _____ |
| Signature of Witness | Witness's Name, Printed Clearly | Date |

Addendum I certify that I am covered by an independent health insurance policy
**Policy # Carrier**

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