

**Welcome to Hope College
Center for Exploratory Learning**

Events and Conferences Release

1. In consideration for participating in the Hope College Camps, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Hope College, the Board of Directors, their officers, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being

2018

Student Name _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT - Typing your name below may also serve as your signature.

I hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the event.

In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf.

Participant Name (printed) _____

Participant School (printed) _____

Parent/Guardian Name (printed) _____

Parent/Guardian Name (signed) _____

Parent contact information during program
(In case we need to reach you during the program, please provide a cell phone number.)

Date _____