GENERAL RELEASE AND COVENANT NOT TO SUE

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

I desire to participate in activities associated with a Middlebury College athletic team, which activities include but are not limited to training, trying out, practicing, playing, and traveling. I understand, fully appreciate, and am willing to accept the dangers, hazards and risks inherent in these activities including, but not limited to, the possibility of injury or illness, including serious physical injury, mental trauma, paralysis, or death.

I understand that I am not required to participate in these activities and that my participation is wholly voluntary but I want to do so, despite the known dangers, hazards and risks. I hereby agree to abide by all rules and instructions governing my participation in these activities. I hereby affirm that I have no health-related conditions that preclude or restrict my participation in these activities and I agree that, if any such conditions develop, I will inform Middlebury College about them. I also affirm that I have adequate health insurance to provide and pay for any medical costs incurred as a result of my participation in these activities.

I am not relying on Middlebury College to supervise or control my participation in these activities, or to warn me of every possible danger associated with it. I understand I am solely responsible for assessing my own skills and abilities to participate safely in these activities. Knowing the dangers, hazards and risks and in consideration for being allowed 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 activities associated with Middlebury College’s athletic teams and I hereby release Middlebury College, its employees and agents from any and all claims, suits and expenses for any illness or injury to me, including my death, that may result from or occur during my participation in these activities, whether caused by the negligence of Middlebury College, its employees or agents, fellow athletes, or otherwise, to the fullest extent allowed by law.

I further agree to indemnify and hold harmless Middlebury College, its employees and agents, from all liability, claims, suits, and expenses that may arise out of my own negligent or intentional acts or omissions, while participating in activities associated with a Middlebury College athletic team, and I assume full responsibility for my own actions.

MEDICAL CONSENT
I hereby grant permission to physicians, athletic trainers, and/or other medical practitioners or professionals associated, assisting, or employed in connection with Middlebury College athletic programs or student-athletes, to render to me any preventive, emergency, surgical or rehabilitative medical treatment or care deemed reasonable and necessary for my health and well-being, and to arrange for my hospitalization where reasonable and necessary, in circumstances connected with my participation in activities associated with a Middlebury College athletic team. I understand and hereby acknowledge that this consent is not intended to, and does not, create a duty on the part of physicians, athletic trainers, and/or other medical practitioners or professionals associated, assisting, or employed in connection with Middlebury College athletic programs or student-athletes, to render or arrange for such treatment or care.

I HAVE CAREFULLY REVIEWED THIS “GENERAL RELEASE AND COVENANT NOT TO SUE” AND I HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN THE ABOVE ACTIVITIES.

I ___AM ___AM NOT 18 YEARS OF AGE OR OLDER. (Please check as appropriate.)

Student Signature: ______________________________________ Date: ______________________

Parent/Guardian Signature: _________________________________ Date: ______________________

Parent/Guardian Name (PRINT): __________________________________________________

(If student is under the age of 18 years old, this must be signed by student’s parent or legal guardian.)