

# MOUNT HOLYOKE

## WAIVER OF LIABILITY/PERMISSION/MEDICAL RELEASE FORM

### take the lead!

This form is necessary for any student staying overnight in a Mount Holyoke College residence. Please complete this document, sign both pages and return this no later than August 14, 2009. **WE MUST HAVE THIS FORM BEFORE PARTICIPANTS ARRIVE ON CAMPUS. We are unable to permit overnight stays without a completed copy of this form.**

**Name of Participant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Are there any medical problems we need to know about to make your stay more comfortable?** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Parent/Guardian Phone: Day** \_\_\_\_\_ **Evening** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Where can Parent/Guardian be reached while you are at Mount Holyoke (if different from above)?** \_\_\_\_\_

I, Parent/Guardian, give permission for my daughter, the student participant named above, to visit Mount Holyoke College on or about October 1, 2009 to October 4, 2009.

In consideration of my participation in the Take the Lead Program, I, Participant and Parent/Guardian, hereby release, indemnify and hold harmless Mount Holyoke College, including Mount Holyoke College, its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participating including any and all travel risks in this visit to Mount Holyoke. Participating in any activity is an acceptance of some risk of injury. I agree that my/my daughter's safety is primarily dependent upon my/her taking proper care of my/herself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participation in this visit. Therefore, I assume all risks related to the activities. In case of an emergency and if we cannot be reached, I do hereby authorize a representative of Mount Holyoke College to consent to any medical treatment or care deemed advisable.

I have read and agree to comply with the Visitation Policy on the reverse of this form. My signature below indicates that I have read, understood and freely signed this agreement, which shall take effect as a sealed instrument. I expressly agree that this agreement shall be construed and enforced in accordance with Massachusetts laws, and I consent to the jurisdiction of said state. I agree that this waiver and release is intended to be as broad and inclusive as permitted under Massachusetts laws so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## Mount Holyoke College Visitation Policy

As a Parent/Guardian sending a Participant to the Take the Lead program at Mount Holyoke College, I accept that my child must abide by the rules set forth below while attending the program, and agree to the consequences as set forth if she does not follow the rules.

I, Participant and Parent/Guardian, understand and agree that although Mount Holyoke College has agreed to host me/my daughter overnight, Mount Holyoke College staff will not be supervising me/my daughter at all times during my/her stay on campus. I understand that visiting students, like enrolled students, are responsible for their behavior as adults subject to the additional expectations described below.

I understand and agree that any medical services that Participants require will be provided at the most appropriate regional hospital. The expense of such services will be paid by the Participant and her Parent/Guardian. A staff member will accompany the student to the hospital and will call all telephone numbers listed above to contact Parent/Guardian to inform them of the situation.

As Participant, I understand that Mount Holyoke requires visiting students, as guests of the College, to be fully responsible for their own actions. While on Campus, visiting students are held to the same standards and code of conduct as enrolled students. In addition, I agree to the following:

- I agree that attendance at all activities and workshops is mandatory, and will attend. Failure to attend may result in dismissal from the program at Parents'/Guardians' expense.
- I understand that Participants are to remain on the Mount Holyoke campus or in the Village Commons area directly across the street from campus, and agree to this requirement.
- I understand and agree that the possession or consumption of alcoholic beverages, narcotics, or other controlled substances by Take the Lead participants will result in immediate dismissal from the program at Parents'/Guardians' expense.
- I understand and agree that any violation of the rules or other behavior incompatible with the philosophy of the program could result in dismissal at Parents'/Guardians' expense.

My signature below indicates that I have read, understood and freely signed this agreement, which shall take effect as a sealed instrument. I expressly agree that this agreement shall be construed and enforced in accordance with Massachusetts' laws, and I consent to the jurisdiction of said state.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date