

Smith Splash at Smith College on April 9

When: 9:30 a.m. to 3:30 p.m.

Where: Seelye Hall

What: Interesting classes

Assumption of Risk and Permission Form

Read this Assumption of Risk and Permission Form carefully and in its entirety. After reading the information below, sign your name and complete the form. Your signature will confirm that you agree with the terms of participation outlined below.

I, as the undersigned parent/guardian of the participant named below, hereby permit my child to participate in the **Smith Splash on April 9** described in the link provided or at <https://smithsplash.learningu.org/learn/index.html> (the Program). I acknowledge that I understand the nature of the Program and give full approval for my child's participation in the Program. I further understand that some of the Program activities may include working with others in classroom and related group activities. I agree that I will be solely responsible for transportation of my child to and from the event.

I, the undersigned participant and parent/guardian acknowledge my/my child's participation in this Program may expose me/him/her to actions, events, and environments that may be hazardous to my/my child's person and property. I fully acknowledge the risks and hazards involved in this Program and voluntarily agree to assume all risk of loss, injury or property damage that may occur as a result of my/my child's participation in this Program whether known or unknown.

I, the undersigned participant agree that I will read and follow the rules of the Program and instructions of Program personnel. I, participant and parent/guardian understand that participant may be asked to leave the Program if the Program rules or the instructions of Program personnel are disobeyed, and I, parent/guardian agree to arrange immediate transportation for my child to leave Smith College if my child is asked to leave the program.

By signing below, I hereby acknowledge that I am the Parent or Legal Guardian for the Participant enrolled in the Program and that I have read this document in its entirety, understand it, and sign it voluntarily.

Participant's Name: _____ Month/Year of Birth: ____/____

Participant Signature: _____ Date _____

Name of Parent/Legal Guardian _____

Signature of Parent: _____ Date _____

Address: _____ Contact Phone Number: _____

- I will be picking up my child from the program
- I give permission for _____ to pick up my child
- I give permission to my child to dismiss themselves from the program