



# Wellesley College

Department of Physical Education  
Recreation and Athletics

## WAIVER AND RELEASE OF LIABILITY

**DISCLAIMER: WELLESLEY COLLEGE IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR ANY OTHER WAY INVOLVED IN RECREATIONAL ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF WELLESLEY COLLEGE, ITS AGENTS, OR EMPLOYEES. PLEASE READ THIS RELEASE CAREFULLY AS IT RELATES TO YOUR LEGAL RIGHTS.**

I am aware that recreational activities can involve severe cardiovascular stress and violent contact. I understand that recreational activities involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I am fully aware of these risks, and in consideration of my participation, I, on behalf of myself, my heirs, assigns, executor, administrator and representatives, hereby release and hold harmless Wellesley College, Wellesley College Board of Trustees, the Athletic Department and their employees, instructors or agents, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries, death, and property damage arising out of or relating to my engaging in or receiving instruction in recreational activities or any activities incidental thereto.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Massachusetts and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that this agreement shall be governed by the law of Massachusetts.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am agreeing to abide by all Wellesley College rules and guidelines regarding the use of the recreational facilities. I further understand that by signing this form, I am giving up legal rights and/or remedies, which may be available to me against Wellesley College, or any of the parties listed above.

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Signature of Participant

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Date

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Signature of Parent if Participant is Under Age 18

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Date



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**KEOHANE SPORTS CENTER RECREATION WAIVER FORM**

**PLEASE READ THE FOLLOWING WAIVER CAREFULLY AS IT RELATES TO YOUR LEGAL RIGHTS.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home or Day Phone Number in Case of Emergency \_\_\_\_\_

My child has permission to use the Athletic Facilities at Wellesley College: (Please Circle One)

YES or NO

Can He/She Swim? (Check One) Non-Swimmer \_\_\_\_\_ Beginner \_\_\_\_\_ Advanced \_\_\_\_\_

Does your child have any physical limitations or illnesses? If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my Child will be participating in athletic and recreational activities including but not limited to golf, tennis, lacrosse, diving and swimming; if my Child is over 16 years of age, He/She may be allowed to use the Fitness Center, and physical injury is possible as a result of His/Her activities. Should an injury requiring medical attention occur, I hereby grant permission to Wellesley College to either treat or transport my child for appropriate medical care.

I am aware of these risks, and in consideration of my Son's/Daughter's participation in the activities at Wellesley College, I hereby agree to indemnify and hold harmless, Wellesley College, Wellesley College Board of Trustees, its students, employees, volunteers, sponsors, and agents, the Athletic Department and their employees, instructors or agents, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries, death and property damage arising out of or relating to my Son/Daughter's use or presence at these facilities.

I attest that I have read and understand this assumption of risk and waiver of liability and that I am the child's parent or legal guardian.

Child's Name \_\_\_\_\_

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