

WILLIAMS COLLEGE

Summer Science Lab

PARENTAL PERMISSION AND LIABILITY RELEASE FORM

MUST be signed by the parent or guardian of ALL participants.

PARTICIPANT'S NAME _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____

PERSON TO CONTACT IN CASE OF EMERGENCY (please list two)

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

As the parent/guardian of the above-named participant, I consent to his/her participation in the Summer Science Lab at Williams College. In granting this consent, **I understand and agree as follows:**

1. The Summer Science Lab involves a number of activities, including laboratory work, outdoor activities and field trips, that present an inherent risk of illness, serious physical injury or death. For myself and the participant, I assume those risks, and I agree that Williams College is not responsible for any illness, injury, death or other loss suffered by any participant in the Summer Science Lab. In consideration of the participant being allowed to participate, **I, on behalf of myself and the participant, hereby release, waive, and covenant not to sue** the President and Trustees of Williams College, its officers, trustees, employees, agents, volunteers, students, and all related or affiliated parties (collectively "Williams") from and for any liability, actions, or claims that I or the participant may now or hereafter have, either before or after the participant reaches the age of majority, for any loss, injury or damage of any kind arising from or relating in any way to participant's participation in the Summer Science Lab, including but not limited to any liability, action or claim arising from the alleged negligence of Williams.

2. I understand and agree that Williams has no ability or responsibility to assess whether a participant has any physical or other condition that might affect his/her ability safely to participate in the Summer Science Lab. That is solely my responsibility and I certify that the participant is in good health and can safely participate.

3. I understand and agree that Williams is not responsible for any items of personal property that may be lost, stolen or damaged.

SIGNATURE

DATE

Return completed form to: Summer Science Lab c/o Center for Learning In Action, Brooks House, 983 Main Street, Williamstown or via email to sslab@williams.edu.