

Please read carefully

Authorization to Participate/Assumption of Risk/Release: I understand and certify that my child's participation at Springfield College and its activities is completely voluntary, and I have familiarized myself with the program and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent within the program. I understand there are risks of physical injury in participating in sports and recreational activities or programs. I acknowledge that although Springfield College has taken safety measures to minimize the risk of injury to participants, Springfield College cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the safety of all participants. I hereby release Springfield College, its trustees, employees, officials, volunteers and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Springfield College. I also irrevocably grant to Springfield College the right to use my and my child's name, likeness, voice and/or photograph gathered in connection with the event in any media or in any manner for purposes of promotion of Springfield College.

Health Record Authorization: The health history for my child is correct and they have permission to engage in all activities except as noted by me and/or the examining physician. This form may be shared with the City of Springfield Health Department under certain circumstances. I also give permission for my child's medical records to be photocopied for Health Department Records.

Emergency Authorization: I hereby give permission to the physician selected by a representative of Springfield College to order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a representative of Springfield College to hospitalize, charge my health insurance, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child.