

**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.

**Covid-related Release:** While it is the aim of Springfield College to provide you and/or your child with a safe and enjoyable experience, participation in this event has inherent risks including possible exposure to COVID-19. As a result, we require the following Covid-related release:

I understand that participation of me and/or my child in this event is entirely voluntary and I have carefully considered the risks of me and/or my child attending this event including possible exposure to COVID-19. I understand that, even when the reported risk of contracting COVID-19 is diminished, it may still be present and significant. I understand that I have the right to withdraw myself and/or my child from the event at any time. I understand that if me and/or my child fails to follow Springfield College community safety protocols regarding COVID-19, we may be excused from the event.

**Indemnification:** I agree that in consideration of Springfield College allowing me and/or my child to participate in the event, that I hereby release, indemnify, and forever discharge and hold harmless Springfield College, its trustees, officers, employees, volunteers, its successors and assignees ("Released Parties") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any injuries, foreseeable or unforeseeable, whether to person or property sustained in connection with, or arising out of mine or my child's activities or involvement with the event, whether from negligence or otherwise.