



# On the Loose

## WAIVER AND RELEASE OF LIABILITY

NAME OF ACTIVITY (be very specific): \_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF ACTIVITY: \_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_

NAME OF PARTICIPANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have voluntarily chosen to participate in the above referenced activity and I have full knowledge of the risks that this activity presents, including travel to, participation in, and returning from the activity. I am aware that this activity is not guided or supervised by the College staff/faculty, wilderness professionals, or any person with professional level skills relating to any part of this activity.

I understand that by being permitted to participate in this activity, I agree to assume any and all risk of injury or death. I further understand and agree to assume responsibility for risk of theft, loss, or damage to my personal property, which may occur at any time arising out of my participation in this activity.

I understand and agree that as a condition of participation in this activity, I will release from liability and will indemnify The Claremont Colleges (Pomona College, Harvey-Mudd College, Claremont McKenna College, Scripps College, Pitzer College, Claremont Graduate University, and the Keck Graduate Institute), its officers, directors, agents, employees, assigns, successors, or lessors for any damage, injury, or death to myself or any other persons or property, in any way connected with my participation in this activity. I understand that there exist specific hazards associated with this activity, to include injury and/or death, and I accept full responsibility for these hazards.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand that this is a release of liability, which could legally prevent me from filing a law suit or making any other legal claim for damages in the event of my death or injury. With this knowledge, I am entering into this agreement fully and voluntarily. I agree that the agreement is binding upon me, my spouse, my heirs, my children including any guardian *ad litem* for the children, my assignees, and legal representatives.

I understand and agree that if I am signing this waiver and release on behalf of my minor child that I am giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf.

I understand and agree that I have read this entire waiver and release, have been provided with all necessary information, and I agree with the terms and conditions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

***THIS IS A LIABILITY RELEASE. READ IT CAREFULLY BEFORE SIGNING***

**EMERGENCY MEDICAL TREATMENT**

The purpose of providing the following information is to assist On-The-Loose in the event of an emergency medical situation. Please fill out the requested information completely and list any additional information that may be important should an illness or injury occur.

**EMERGENCY CONTACT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**INSURANCE INFORMATION:**

INSURANCE \_\_\_\_\_

COVERAGE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

OTHER IMPORTANT INFORMATION SHOULD AN INJURY OR ILLNESS OCCUR \_\_\_\_\_  
\_\_\_\_\_

-----if under 18 please complete below -----

**MEDICAL TREATMENT CONSENT:** I, the legal guardian of the above named, authorize College staff to seek medical treatment for the above named, as they may deem necessary at any medical facility. I consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed healthcare provider. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care and that it is given to provide College staff authority to seek medical treatment, and to provide a licensed healthcare provider the authority to administer this treatment as he/she judges necessary to the above named. I accept responsibility for the payment of all services rendered. I understand that whenever possible, College staff will make a good faith effort to contact me before treatment is sought.

PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_