



PARTICIPANT ASSUMPTION OF RISK & RELEASE OF LIABILITY
(please read before signing)

Name of Participant: _____

Home Address: _____

Phone #: _____ DOB: _____ Student ID: _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Disclaimer Clause

Skidmore College, its officers, directors, employees, volunteers, members, and representatives (hereafter referred to as “the College”) are not responsible for any injury, loss, or damage sustained by any person while participating in Skidmore College Pre-Orientation Program.

Activity (ex: hiking, lodging, community service)

Assumption of Risks

In consideration of my participation in the Activity, I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my participation in the Activity, including the possible **risk of severe or fatal injury** to myself or others.

These risks include but are not limited to the following:

- a) the risks associated with travel to and from locations(s) to be visited during the Activity, including transportation provided by commercial, private and/or public motor vehicles
- b) the possibility of bodily injury including broken bones, soft tissue damage, emotional distress, and even death incurred while transporting to, or participating in the Activity
- c) the risks associated with returning to my residence after the Activity

In addition, I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence for participation, I will remove myself from participation and bring such to the attention of the nearest Skidmore official immediately.

Indemnification and Release of Liability

I hereby release and fully discharge Skidmore College, its officers, agents and employees, and volunteers from any and all claims, demands, obligations and liabilities of any kind whatsoever, including, without limitation, claims of negligence of the released parties, resulting from my participation.

Signed this _____ day of _____, 20_____

Signature _____

Signature of Parent or Guardian _____

PLEASE RETURN TO: preorientation@skidmore.edu or
Skidmore College– Office of Campus Life, 815 N Broadway, Saratoga Springs, NY 12866