

HOLD HARMLESS AGREEMENT

This release is executed by _____
(Student's full name – please print) (Student's ID number)

(Street Address) (City) (State) (Zip) (Student's Cell number)

to Holyoke Community College, 303 Homestead Avenue, Holyoke, MA 01040.

In consideration of being permitted to participate in a _____
(Club Name or Course Name and Number)

college-sponsored trip, I, the undersigned, in full recognition and appreciation of dangers and hazards inherent in trip activities, and during transportation to and from the field experience site/club destination to which I may be exposed during my enrollment and/or participation in such activity(s) on date(s):

_____, 20____, _____, 20____
_____, 20____, _____, 20____
_____, 20____, _____, 20____

do hereby agree to assume all the risks and responsibilities surrounding my participation in such activity or any independent research or activities undertaken as an adjunct thereto; and further, I do for myself, my heirs, and personal representatives(s) hereby defend, hold harmless, indemnify, and release and forever discharge the Commonwealth of Massachusetts and Holyoke Community College and all its officers, agents and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property, personal injury or death that may result from my participation in such activities.

I have informed the responsible person of college-sponsored trip of any personal medical conditions and/or limitations I may have and I take full responsibility for provision and administration of any medications required for my health and well-being.

Further, it is expressly understood that the college and its officers, agents and employees have no responsibility or jurisdiction over college-sponsored trip participants who manifest immature, irresponsible or unreasonable behavior which may lead to property damage or injury to themselves or others. **It is the student's responsibility to retain control, direction and protection of his or her person.**

Person to notify in case of emergency: Name: _____

Address: _____

Home/Cell Phone: _____

In witness whereof I have caused this release to be executed this _____ day of _____, 20__.

Student's Signature

Signature of Parent or Guardian (if student is under 18)

Printed Name

Printed Name of Parent or Guardian