



Hamilton

Hamilton College Summer Programs PARENTAL PERMISSION/HOLD HARMLESS AGREEMENT

Camper Name (Last): _____ (First): _____
(Please Print Neatly.)

Date Of Birth ____/____/____ Camp Enrolled In: _____ Session: _____

1. I give my child, identified on the top of this form, permission to participate in the Hamilton College Summer Program (camp or clinic) listed above.
2. I give permission for my child to go swimming in the Hamilton College swimming pool. _____ (Initial if permitting.)
3. I give permission for my child to participate in Climbing Wall instruction at the Hamilton College climbing wall. _____ (Initial if permitting.)

If your child is to wear a helmet while participating in Climbing Wall instruction, you must provide a helmet. Helmet must be clearly marked with child's name and brought to the Summer Program registration.

4. I am aware of the inherent dangers and risks involved in summer camps, swimming and climbing wall activities including: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Some other risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other camp, climber or clinic participants.
 - c) Collision with camp facilities (floor, goal, backboard, ground, pool, climbing wall, diving board, rink, ice, mat).
 - d) Immersion in water (drowning).

5. I understand that Hamilton College *does not* provide any *accident or medical insurance* for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

(NOTE: Your child *will not be allowed to participate* in our camps unless your medical insurance provider and policy number is provided below.)

Medical Insurance Provider: _____ Policy No. _____

6. I agree that my child must turn in his/her car keys, if applicable, to the camp staff at check-in if driving himself/herself to camp.
7. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Hamilton College, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Hamilton College.
8. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it. Furthermore, I agree that Hamilton College is not responsible for personal belongings lost or stolen as a result of my child not locking his/her residence hall room.
9. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

Parent or Guardian (please print)

Witness (please print)

Signature of Parent or Guardian

Signature of Witness

In witness whereof, this instrument is duly executed _____
Date

Campers will not be allowed to participate unless this form is signed.