

**CALVIN COLLEGE**

TRAVEL AND PARTICIPATION  
FRIDAYS AT CALVIN PROGRAM

***Release and Waiver of Liability***

I hereby give permission for my child (the "Participant") to travel to, attend and participate in the "Fridays at Calvin" Program being offered by Calvin College. My child and I, if I am attending, shall be referred to collectively in this Release as "Participant." In consideration of the Participant attending the program, I agree to the following:

I hereby release, waive, discharge and covenant not to sue Calvin College, its affiliates, officers, directors, employees, shareholders, members, representatives, attorneys, successors and assigns, or other participants (collectively, "Releasees") from all liability to me, the Participant, Participant's heirs, executors, representatives, successors and assigns for any and all loss or damage, and any claim or demands thereof on account of injury to the person or property of, or resulting in death of, the Participant, while the Participant attends the program and any activities incidental thereto and whether caused by the negligence of the Releasees or otherwise. I hereby agree to indemnify and hold harmless Releasees from any loss, liability, damage, or cost of any and all kind they may incur due to the participation of the Participant in the program and any activities incidental thereto, whether caused by the negligence of the Releasees or otherwise.

I acknowledge, understand, and assume all risks of the Participant in participating in the program and any activities incidental thereto which can result in great bodily harm or death, disability, paralysis, and/or other damage even under well-controlled circumstances. I have full knowledge of these risks despite the existence of rules, regulations, equipment and discipline. I accept all of these risks and any risks or dangers not known or which are not reasonably foreseeable, and I will not hold responsible Releasees for injuries or damages resulting from the Participant's participation in these activities, wherever or however they occur.

Participant will travel with Calvin College chaperones in a bus, van, car or other mode of transportation to and from the program and I acknowledge, understand, and assume all risks of the Participant incidental thereto and whether caused by the negligence of the Releasees or otherwise. I understand that the chaperones will not necessarily hold a commercial drivers' license if such a license is not required by law. I authorize Calvin College, the chaperone, or other person acting in such capacity to secure medical attention for the Participant if any such person deems necessary if I am not available to make a decision regarding such medical attention. This consent shall not impose any obligation to provide such medical attention and it is understood that such persons are not trained medical personnel.

I understand that, though Calvin College will attempt to maintain the program as described in its publications and brochures, it reserves the right for programmatic or other reasons, to change the program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice.

I expressly agree that this Release will be governed, construed and interpreted under and according to the laws of the State of Michigan, excluding its choice of law provisions, and this Release is intended to be as broad and inclusive as is permitted by the law of the State of Michigan. If any portion of this Release is held invalid, it is agreed that the balance shall continue in full legal force and effect. By signing this Release, I acknowledge that this Release has been freely and voluntarily made after careful review of all of the terms and provisions of this Release and agree that this Release shall not be subject to recession or nullification at any time hereafter. I further agree that no oral representations, statements and inducements apart from this Release have been made regarding liability.

Signature of Student Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Participant's Name (printed) : \_\_\_\_\_

Dates of participation (including travel): \_\_\_\_\_