

**Erskine College Acknowledgement and Release Form - Staff & Administrator**

I, the undersigned, acknowledge that I, \_\_\_\_\_, am voluntarily participating in \_\_\_\_\_ (the "Summer Program"), which is being sponsored and operated by \_\_\_\_\_ (Summer Program Administrator) and held on the campus of Erskine College. This program will include travel to and from Erskine College and will take place on [dates] \_\_\_\_\_.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

In consideration of being permitted to participate in the Summer Program,

\_\_\_\_\_ (initial here) I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my participation in the Summer Program, including the possible risk of severe or fatal injury to myself or others. In return for Erskine College allowing me to voluntarily participate in the Summer Program, I agree to assume and accept all risks arising out of participating in the Summer Program and to be solely responsible for any injury, loss, or damage that might be sustained while participating in the Summer Program. These risks include but are not limited to travel to and from location(s) visited during the Summer Program.

\_\_\_\_\_ (initial here) I acknowledge that I am aware that the Summer Program Administrator and not Erskine College is solely responsible for the management and operation of the Camp Summer Program.

To the maximum extent permitted by the law,

\_\_\_\_\_ (initial here) I release and indemnify Erskine College and its officers, trustees, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Summer Program.

\_\_\_\_\_ (initial here) I hereby grant permission to the Summer Program Administrator and/or Erskine College or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my safety and well-being, if I should become injured or ill during the Summer Program.

\_\_\_\_\_ (initial here) I grant the Summer Program Administrator and/or Erskine College, in its sole discretion, full permission to take and use photographs and/or videos of myself, whether alone or with others, for use on web sites or other electronic form, print or media, without notifying me, in promotion of the Summer Program Administrator and/or Erskine College and its related entities. I hereby waive any right to inspect or approve the photographs or electronic matter used in promotion of the Summer Program Administrator and/or Erskine College and its related entities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.**

Staff / Administrator Signature	Today's Date
Printed Name	Cell Phone Number
Participant's Printed Name	Date of Birth (participant)
Emergency Contact/Relation	Phone Number (including area code)