



Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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## MEDICAL RELEASE

If you wish to inform Holy Cross of any medical, psychological, or medical dietary needs that your child has, please indicate them below. *(Please attach additional information)*

**Allergies:**

\_\_\_\_\_

**Medical/Psychological considerations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special dietary needs:**

\_\_\_\_\_  
\_\_\_\_\_

**Permission to Treat / Hospitalize:**

My signature below indicates my permission for my child to be treated or hospitalized if medically necessary. *(Parent will be notified in the event of an emergency.)*

Parent/Guardian Name: \_\_\_\_\_ Telephone #: ( \_\_\_\_\_ )

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

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**LIABILITY RELEASE, WAIVER, DISCHARGE**

(Please read and sign reverse side.)

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**Important Note:**

Please return completed and signed form when checking-in for the weekend.

Siblings will not be allowed to participate in the weekend events without this form.

## 2007 SIBLINGS WEEKEND

### LIABILITY RELEASE, WAIVER, DISCHARGE

This is a legally binding Release executed by \_\_\_\_\_  
(hereinafter referred to as the "Parent/Guardian") (Name of Parent/Guardian)  
to the COLLEGE OF THE HOLY CROSS, 1 College Street, Worcester, MA 01610 (hereinafter  
referred to as the "College").

1. As Parent/Guardian I request that \_\_\_\_\_ (referred to as the "Participant") be granted permission to participate in the 2007 Siblings Weekend (referred to as the "Activity") to be held at the College on March 23- March 25, 2007. In consideration of the Participant being permitted to participate in the Activity, I release, waive, forever discharge, and covenant not to sue the College, its trustees, officers, agents, employees and any students acting as employees ("Releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature which Participant may have, or which may hereafter accrue to Participant, arising out of or related to any loss, damage or injury including, but not limited to, suffering and death that may be sustained by Participant or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while Participant is in, on, upon or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.
2. I have signed this "Release, Waiver, Discharge" in full recognition and appreciation of the dangers, hazards and risks inherent in the Activity and which could include serious or even mortal injuries and property damage.
3. I understand and agree that Releasees may not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Release. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
4. It is our express intent that this Release and hold harmless agreement shall bind the members of Participant's family, if Participant is alive, and Participant's family, estate, heirs, administrators, personnel representatives or assigns, if Participant is deceased, and shall be deemed as a "Liability Release, Waiver, Discharge" the above named Releasees. Participant's Parent/Guardian further agrees to save and hold harmless, indemnify and defend Releasees from any claim by Participant or Participant's family arising out of Participant's participation in the Activity.

5. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements or inducements, apart from the foregoing written statement, have been made. I further state that there are no health related reasons or problems that preclude or restrict the Participant's participation in this Activity, and that Participant has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to the Participant.

6. I further agree that this Release shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.**

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(Name and Relationship to Participant)

----- Date: -----  
(Signature)