

WILLIAMS COLLEGE  
**Williamstown, Massachusetts**  
Release, Waiver, and Covenant Not to Sue (Under 18)

Re: \_\_\_\_\_

(Participant's Name)

\_\_\_\_\_  
(Participant's Address)

\_\_\_\_\_  
(Participant's Date of Birth)

\_\_\_\_\_  
(Telephone Number)

I, \_\_\_\_\_, of  
(Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Address of Parent or Legal Guardian)

as parent/legal guardian of the above-named "Participant," who is under 18 years of age, do hereby give my consent for his/her participation in the \_\_\_\_\_ to be held on the Williams College campus, conducted by the \_\_\_\_\_ from through \_\_\_\_\_ (hereinafter referred to as "camp/program").

I acknowledge that the camp/program, while held on the Williams College campus, is an independent operation that is not sponsored, conducted or overseen by Williams College. I further acknowledge that Participant's participation in the camp/program is completely voluntary. In consideration for the Participant's being allowed to participate in the camp/program, **I, on behalf of myself and the Participant, hereby release, waive, and covenant not to sue** the President and Trustees of Williams College, its officers, trustees, employees, agents, volunteers and all related or affiliated parties (collectively "Williams") from and for any liability, actions, or claims that I or the Participant may now or hereafter have, either before or after the Participant reaches the age of majority, for any loss, injury, illness, or damage of any kind arising from or relating in any way to Participant's participation in the camp/program or his/her presence upon or use of Williams's premises or facilities, including but not limited to any liability, action or claim arising from the alleged negligence of Williams.

I am 18 years of age or older. I have read and understand this Release, Waiver and Covenant Not to Sue. I agree that this agreement shall be effective and binding upon me, the Participant, our respective heirs, assigns, personal representatives, and estates, and all members of our family, both before and after the Participants reaches majority.

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