**Senior College at Bridgton Fall 2024**

**RELEASE AND ASSUMPTION OF RISK FORM**

**No copies will be made of this sheet, and it will be shredded**

**at the end of academic year 2024-2025.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please print name and Address*

A Student enrolled in the Senior College at Bridgton, being of legal age (have been born on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) acknowledge, declare and agree as follows:

That I have agreed to participate in the Senior College at Bridgton from July 1, 2024, to June 30, 2025, and in consideration of being permitted to participate in this activity, do voluntarily execute this “Release and Assumption of Risk” on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.

I acknowledge that I have been fully informed of the nature, scope and demands of the program. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property owned by me while I am participating in this activity and, in furtherance thereof, I agree to indemnify and hold harmless the Senior College at Bridgton, its Directors, Instructors and Agents from and against any and all claims, demands, actions or causes of action, on account of damage to my personal property or my personal injury, or death, which may occur or result directly or indirectly from my participation in this activity, and which are not the result of this negligent act or omission of the Senior College at Bridgton, its Directors, Instructors and Agents.

I understand that it is not the purpose of this activity or the responsibility of the Senior College at

Bridgton that safety rules and regulations are taught but only those reasonable safety standards be adhered to and agreed to by all participants. I acknowledge that the Senior College of Bridgton does not serve as a guardian of students’ safety and its Directors, Instructors and Agents will not be responsible for administering any required first aid, treatment or medication to me.

I declare that I am able to physically withstand and cope with the indicated rigors of this activity.

I request that this “Release and Assumption of Risk” be construed and interpreted pursuant to the

Laws of the State of Maine, and if any portion thereof is held invalid, I request the remainder continue in full force and effect.

I declare that I completely understand and have fully informed myself to the terms and conditions of this “Release and Assumption of Risk” by having read it; or having it read to me, before signing.

Assented and agreed to on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

20\_\_\_\_\_

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Signature Witness