



**SMITH
PIONEERS**

Program Information

Name of Program *National Girls and Women in Sports Day*

Date of Program *February 9, 2018* **Start Time** *9:00 a.m.* **End Time** *12:00 p.m.*

Program Manager *Erin Miller* **Phone** *860-861-5566* **Email** *ecmiller@smith.edu*

Emergency contact information for Program *860-861-5566*

Use only if you need to reach the program manager during the program because of an emergency.

Drop off/ Pick up instructions:

Drop off and pick up will be at the glass doors of the Indoor Track and Tennis Building.

Participants will only be allowed to leave with the people listed on the release form. Please make sure to list anyone who may pick up participant.

Activities:

The participants will be put into groups that will move to different stations. Each group will be involved in a variety of activities including but not limited to rugby, ultimate frisbee, lacrosse, rowing, tennis, softball, soccer, rock climbing and others.

Each participant will be given a snack during the clinic.

Program Rules

Obey instructions, no horseplay, advise program leader if feeling unwell or can't do the activity safely, never leave the group without the group leader's permission, be respectful of all participants, no cell phone use unless it is an emergency.

You are responsible to provide

Participants should wear sneakers and loose-fitting clothing that they can move easily in.

Participants are allowed to bring a water bottle if they choose.

Additional Information

All participants are encouraged NOT to bring any money with them. Snacks will be provided.

All participants will be asked to leave all belongings in the bleachers of the Indoor Track and Tennis Building while they are moving around the building for different activities. We advise that they do not bring anything of value with them. If they have a cellphone, they may keep the cellphone with them for emergency purposes during the course of the day.

LATE ARRIVAL/EARLY DISMISSAL: Please notify the program manager if participant will be arriving late or leaving early so that we can make necessary adjustments for her.

If participants would like to be grouped with siblings, other relatives or friends please let the program manager know.

Please complete and sign the reverse side of this document and submit it with your registration form.

Applicants will not be accepted without a completed, signed form.

We recommend that you make and keep a copy of this completed form for your records.

SMITH COLLEGE
Release of Liability / Assumption of Risk / Agreement not to Sue

Read this Release, Assumption of Risk, and Agreement not to Sue (this "Release") carefully and in its entirety. It is a binding legal document. After reading this Release, sign your name, to show that you agree to and do assume all risks associated with your child's participation in this Program and that you release SMITH COLLEGE, its employees, trustees, officers, students, volunteers and representatives (the "College") of any and all liability resulting from your child's participation in this Program.

I, as the parent/guardian of the child named below, permit my child to participate in the **National Girls and Women in Sports Day** described on the previous page. I understand what the Program activities will be and give full approval for my child's participation in the Program. I also understand that some of the Program activities may include travel and give permission for my child to ride in College-owned or other vehicles as necessary.

I acknowledge that my child may be exposed to hazards and I voluntarily agree to assume all risks. I understand that the risks of the Program may include loss, injury, death or property damage caused by accident or illness, the forces of nature, and travel by automobile, bus or other vehicle or other hazards that are unknown.

In consideration of my child's participation in the Program, I hereby, now and forever release the College from and against any causes of action, claims or demands of any nature that may result from or be connected in any way to my child's participation in the Program ("Claims"). I further agree not to sue and agree to indemnify and hold harmless the College from any Claims. It is also my express intent that this Release shall bind my spouse, family members, heirs, guardians, legal representatives, and assigns.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

My child has been told the rules of the Program and agrees to follow them. We understand that he or she (my child) may be asked to leave the Program if the rules or the instructions are disobeyed.

Medical Treatment Authorization

I authorize the College to act on my behalf in any medical emergency as may be necessary.

Media Release

I understand and agree that the program and its participants may be recorded in any media and that the College may use or keep said recordings for any purpose.

By signing below, I hereby confirm that I am the Parent or Legal Guardian for the Participant enrolled in the Program and that I have read this document in its entirety, understand it, and sign it voluntarily.

Child's Name: _____ Month/Year of Birth: _____

Signature of Parent/Legal Guardian _____ Date _____

Print Name: _____

Address: _____ Telephone Number: _____

Emergency Contact Number/s or info: _____

Name of person(s) allowed to pick up child : _____

Other Information (e.g. allergies, physical limitations, etc.) _____
