ACKNOWLEDGMENT AND RELEASE OF LIABILITY

I, the undersigned, am voluntarily participating in the Pomona College Orientation Adventure Program 2010. I understand that the Orientation Adventure I have chosen and activities associated with the adventure create certain risks including but not limited to serious bodily injury, death, and damage or loss of personal property.

I also understand that any participation in the adventure may require me to be transported in motor vehicles operated by Pomona College or hired by Pomona College. I understand the risks associated with transportation in motor vehicles may result in bodily injury.

I agree that in consideration of being granted permission to participate in this adventure, I assume any risk of injury or loss to my person or property which might result from my participation in this adventure. I voluntarily agree to release, discharge, and hold harmless Pomona College and its officers, agents, and employees for any and all claims of liability arising out of their negligence, recklessness, strict liability, breach of contract, or any act or omission which causes the undersigned illness, injury, death or damages of any nature in any way connected with my participation in the adventure. I also expressly agree to release Pomona College, its officers, agents, and employees from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

I have read and understand this acknowledgment and release. I understand that this release of liability can legally prevent me from filing suit or making other legal claims.

If I am signing this release on behalf of my minor child, I agree and understand that I will be giving up rights for the minor as if I had signed it on my own behalf.

Date ________________________

Name (Print or type) _____________________________________________________

Signature ______________________________________________________________

Parent Signature  ________________________________________________________
(if participant is under 18 years of age)

AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR
(For Students under the age of 18 only)

(I) (We), the undersigned, parent(s) of _______________________________, a minor, do hereby authorize, in the event of injury or illness during the Pomona College Orientation Adventure Program, the medical treatment of my minor child. I authorize the use of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

(Signature of Parent or legal guardian) (Signature of Parent or legal guardian)

(Date)