

Pomona College

Outdoor Education Center

601 Amherst Street. • Dialynas Hall • Claremont, CA 91711 • Phone 909-607-2531

ACKNOWLEDGMENT AND RELEASE OF LIABILITY

OTL & OEC Trips

I acknowledge that I have voluntarily chosen to participate in outdoor activities and I have full knowledge of the risks that this activity presents, including travel to, participation in, and returning from the activity. I am aware that On the Loose (OTL) trips are not guided or supervised by the College staff/faculty, wilderness professionals, or any person with professional level skills relating to any part of this activity.

Orientation Adventure

I, the undersigned, am voluntarily participating in the Pomona College Orientation Adventure Program. 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 understand and agree that as a condition of participation in this activity, I will release from liability and will indemnify The Claremont Colleges (Pomona College, Harvey-Mudd College, Claremont McKenna College, Scripps College, Pitzer College, Claremont Graduate University, and the Keck Graduate Institute), its officers, directors, agents, employees, assigns, successors, or lessors for any damage, injury, or death to myself or any other persons or property, in any way connected with my participation in this activity including transportation to and from this activity. I understand that there exist specific hazards associated with this activity, to include injury and/or death, and I accept full responsibility for these hazards. I have carefully read this agreement and fully understand all of its terms and conditions. I understand that this is a release of liability, which could legally prevent me from filing a law suit or making any other legal claim for damages in the event of my death or injury.

With this knowledge, I am entering into this agreement fully and voluntarily. I agree that the agreement is binding upon me, my spouse, my heirs, my children including any guardian *ad litem* for the children, my assignees, and legal representatives. I understand and agree that if I am signing this waiver and release on behalf of my minor child that I am giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf. I understand and agree that I have read this entire waiver and release, have been provided with all necessary information, and I agree with the terms and conditions. I acknowledge that I am making an acceptance of the terms of this Waiver and Release and agree that it is binding with my signature.

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)