Smith College Athletics
ALUMNAE WAIVER FORM

I acknowledge my voluntary participation in the alumnae game with the ____________________________ team at Smith College.

I understand that while I am participating in this event, there is a risk of injury. I understand that such an injury can range from a minor injury to a major injury. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, other chronic disabling conditions and even death.

I hereby waive any and all claims, causes of action, rights to entitlements, suits or damages against Smith College, Smith College Athletic Department, or any of its employees, agents or representatives, as a result of or occurring in conjunction with my participation during this event.

I verify that I have no physical disabilities, impairments or chemical dependencies that inhibit my participation in sport activities. I do not know of any medical reason why I should not participate in this event. I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

I, the undersigned, have read this form carefully and understand all its items.

________________________________________________________________________  __________
SIGNATURE                        DATE