

Participant's Name _____

Release and Indemnity Agreement

In consideration of Bowdoin Bound, Inc. ("BB") accepting the Participant into the Bowdoin Bound program ("Program"), the undersigned agrees as follows:

1. The undersigned understands that the Participant's involvement in the Program, including the one week camp experience at Bowdoin College in Brunswick, Maine poses risks of personal injury, loss or damage to property, or loss of life. The undersigned knowingly assumes any and all risks connected with Participant's involvement in the Program and hereby waives any right to make any claim against BB, its directors, officers, volunteers, employees, or agents.
2. The undersigned, on behalf of himself/herself and the Participant, hereby release BB, its directors, officers, volunteers, employees and agents from any claim. The undersigned further agrees to indemnify and hold harmless BB, its directors, officers, volunteers, employees, or agents from any such claim.
3. This indemnity, waiver and release includes, without limitation, any claim arising out of the negligence or alleged negligence on the part of BB, its directors, officers, volunteers, employees, or agents.
4. For purposes of this Agreement, the term "claim" means any claim, cause of action, damage or liability, specifically including attorney's fees, relating to or in connection with the Participant's involvement in the Program.
5. This Agreement shall be governed by Maryland law and shall be binding on the heirs, personal representatives and assigns of the undersigned. If any part of this Agreement is found to be unenforceable by a court or other body having jurisdiction, the provisions shall be altered and not eliminated as may be considered reasonable, and as amended shall be enforceable.
6. As a condition of, and in consideration of, the acceptance of this application, therefore, the undersigned parent/guardian consents to have BB's administrators act in his/her behalf should an emergency arise, and hereby grants permission to said administrator to authorize medical attention and treatment. The consenting parent/guardian understands that any medical treatment is not payable by BB.
7. The undersigned understands that it is a requirement of BB that all Participants be covered by health insurance.

THIS IS AN INDEMNITY AND RELEASE AGREEMENT. BEFORE SIGNING IT, PLEASE READ, REVIEW THE TERMS AND/OR ASK QUESTIONS ABOUT THE AGREEMENT'S PROVISIONS.

Date _____

Parent's/Guardian's Signature _____