

UNH PROJECT SMART - 2009
PARTICIPANT ASSUMPTION OF RISK (student)
&
RELEASE OF LIABILITY (Parent)
(Due June 20, 2009)

I _____, understand and agree to the terms and conditions of the Guidelines governing my participation in the University of New Hampshire's Project SMART summer program.

Signed: _____ Date: _____
(Student's Signature)

I, the parent/guardian of the above-named student give my permission for my son/daughter to participate in all activities of the University of New Hampshire's Project SMART summer program. I also understand the terms of the Guidelines governing my son's/daughter's participation in the Project SMART program, and am aware of the consequences for violation of the terms of the Guidelines.

Signed: _____ Date: _____
(Parent/Guardian's Signature)

I understand that parts of the UNH Project SMART Program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in any program activity. I recognize the risk of injury or disability inherent in these activities. Furthermore, I understand that I must assume the risk of physical injury or disability that could result from any of these activities. I hereby release the UNH Project SMART Program and its staff members from all liability for any injury to me, from participation in program activities.

Participant's Name (Please Print)

Participant's Signature

Date

Address: Number, Street, Apt.

City, State, Zip Code

Parent or Guardian's Signature (if student under 18 years of age)

Home Phone Number

Work Phone Number