

**HILLSDALE COLLEGE
RELEASE OF ALL CLAIMS AND OF LIABILITY**

The undersigned, as parent and/or guardian for the minor referred to below, hereby releases and forever discharges Hillsdale College (Hillsdale), its officers, representatives, coaches, sponsors, employees, and agents from any and all liability, claims, demands, damages, actions or causes of action arising from or by reason of resulting from or arising out of any accident or occurrences during or in connection with Halloween Kids' Night, whether or not such injury, death, damage, or destruction is caused, or alleged to be caused by the negligence, active, or passive of Hillsdale, its officers, representatives, coaches, sponsors, employees, and agents.

The release is given in consideration of and as a condition of Hillsdale permitting the minor referred to below to participate in the Halloween Kids Night hosted by the Hillsdale College Volleyball team.

I HAVE READ THIS DOCUMENT

I UNDERSTAND IT AS A RELEASE OF ALL CLAIMS

I UNDERSTAND AND I ASSUME ALL RISK INHERENT IN THE YOUTH VOLLEYBALL CAMP

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

DATE: _____

NAME OF MINOR/PARTICIPANT: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

ADDRESS _____

EMERGENCY PHONE NUMBER : _____

***ALL PARTICIPANTS MUST FILL OUT AND RETURN FORM ALONG WITH CAMP
REGISTRATION BY 10-28-09***

For questions please call or e-mail Stephanie Gravel 517-607-3192 or stephanie.gravel@hillsdale.edu

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