

HOPE COLLEGE  
ASSUMPTION OF RISK AND RELEASE FORM  
DOMESTIC OFF-CAMPUS PROGRAMS

THIS IS A LEGAL DOCUMENT- READ CAREFULLY BEFORE SIGNING  
PLEASE COMPLETE ALL OF THE REQUESTED INFORMATION.

This document pertains to the following program or activity ("~~the~~Program") which is either sponsored by Hope College (the "College") or other entity (the "Sponsor").

Name of Program: Faculty/Group Leader

Name of Student: Student's Date of Birth:

Location(s): Approximate Date(s):

In consideration of the opportunity to participate in the ~~above~~ identified off-campus program or activity, the undersigned has read, understands, and agrees to the following:

1. Certification of Health Insurance Coverage I am presently covered by standard health insurance providing ~~the~~ treatment, and such insurance will be fully effective during the entire period of my participation in the Program. My health insurance ~~information~~ follows:

Name of the insuring company:

Address

Group number of the policy:

My individual policy number:

2. Emergency Contact Data.

Primary Contact Name

Relationship to You

Daytime Phone

Evening Phone

Secondary Contact Name

Relationship to You

Daytime Phone

Evening Phone

3. Voluntary Participation .

parties or otherwise. I further agree to indemnify and hold harmless Hope College, its officers, trustees, agents, and employees from any and all loss, liability, damage, or costs that it or they may incur as a result of my participation in the Program or arising from any of my acts or omissions, including reasonable attorneys' fees.

7. **Compliance with Rules and Policies.** I agree to comply with all the rules, regulations, and policies of Hope College or other Sponsor, including those applicable generally and those pertaining specifically to the Program. I acknowledge that the Program director or other authorized officials may from time to time establish rules and policies for the Program which may be announced orally or in writing. I understand that each state,