

Exhibit C – Clinic Consent and Release Agreement

Clinic Consent and Release Agreement

I hereby give permission for _____ [name of child] to participate in all activities of the Crimson Softball Weekend run by Jenny Allard and held at Soldier ‘Softball’ Field on Harvard University’s campus (the “Clinic”). I understand that the Clinic is not run by Harvard University. I agree that to participate in the Clinic, I and my child will be required to observe standards of conduct. I will instruct my child to comply with the Clinic’s standards of conduct, both those that are provided in writing at the commencement of the Clinic and those that may be issued, orally or in writing, from time to time at the discretion of the instructor. I agree that the Clinic has the right to enforce its standards of behavior and may terminate my child’s participation in the Clinic for any conduct which the Clinic considers to be incompatible with the interests, comfort and welfare of the instructor or the other children participating in the Clinic.

I acknowledge that my child’s participation in the Clinic may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Clinic, and the use of facilities, equipment or services in association with the Clinic. On behalf of myself and my child, I hereby assume all risks related to participation in the Clinic, including but not limited to accident, death, injury or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself, my child and anyone claiming through myself or my child, do FOREVER RELEASE the President and Fellows of Harvard College (“Harvard”), its trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, my child, or anyone claiming through myself or my child, may now or in the future have against Harvard on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my child’s participation in the Clinic howsoever the injury is caused.

I understand that this Clinic is not a medical or health care program. I have no expectation of any medical or health benefit to my child from participation in the Clinic.

I certify that my child is medically able to participate in the Clinic and is free from any communicable, infectious or contagious diseases.

IN CASE OF EMERGENCY such as accident or injury, I give permission to the Clinic to provide assistance to procure emergency medical care in the event that I or person(s) I designate on the reverse of this form cannot be reached.

Signature of Parent or Guardian: _____

Name Printed: _____

Relationship to Child: _____

Date: _____

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Clinic Transportation and Emergency Contact Information

Please read this form carefully and understand it before signing. The custodial parent/guardian of each Clinic participant must complete this page and sign it.

My child, _____, will participate in the Crimson Softball Weekend run by Jenny Allard and held at Soldier ‘Softball’ Field on Harvard University’s campus. In the event that I am unable to pick up or drop off my child at Soldier ‘Softball’ Field I hereby grant permission to the following persons to act on my behalf:

Name _____ Relationship to child _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening Phone _____

Name _____ Relationship to child _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening Phone _____

Name _____ Relationship to child _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening Phone _____

If anyone other than those persons listed above are going to pick up my child from the Clinic, I will contact Jenny Allard at 857-998-0813 24 hours in advance. If anyone besides those listed above request to transport my child from the Clinic, I request that someone from the Clinic contact me before allowing my child to leave Soldier Field-Softball Field.

EMERGENCY CONTACT INFORMATION:

In case of emergency, please contact:

1. _____ Relationship to child _____
Daytime phone _____ Evening phone _____
2. _____ Relationship to child _____
Daytime phone _____ Evening phone _____
3. _____ Relationship to child _____
Daytime phone _____ Evening phone _____

Signature of Parent or Guardian: _____

Name Printed: _____

Relationship to Child: _____

Date: _____