

A) BOSTON AREA DIVING WELLELEY COLLEGE RELEASE

I, _____, for my heirs, assigns, executors, and administrators, in
(Participant)
consideration of Boston Area Diving and Wellesley College permitting me to use certain facilities and property in order to participate in the diving meet being held at WELLESLEY COLLEGE, on January 31, 2010, hereby release and discharge Boston Area Diving and Wellesley College, its corporators, trustees, officers, faculty, students, employees, and agents of and from all claims, demands, actions and causes of action of every nature, including, but not limited to, all losses or expenses (including but not limited to physical injury, loss of property or death) which may arise and relate in any way to my activities while taking part in said meet.

Further, I _____, for my heirs, assigns, executors, and
(Participant)
administrators, agree to indemnify and hold Boston Area Diving and Wellesley College, its corporators, trustees, officers, faculty, students, employees and agents harmless from and against any and all liabilities, claims, actions cost and expenses in any way relating to or arising out of my activities while in said meet.

I, _____, also warrant Boston Area Diving and Wellesley College
(Participant)
that I take full responsibility for all actions and activities of any person or persons whom I bring onto or cause to be admitted to Wellesley College property while taking part in said meet.

Agreed to on behalf of participant: Participant signature _____

_____ Date ___/___/___

Parent/guardian sign if participant is under 18

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B) AMATEUR ATHLETIC UNION -BAD RELEASE

In consideration of your acceptance of this application, I hereby, for all heirs, executors, and administrators, waive and release any and all rights and claims for damage I may have against the Amateur Athletic Union, Boston Area Diving, their agents, representatives, successors or assignees for any and all injuries to me at said meet and premises.

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Name of Participant, / Signature of Parent or Guardian