

**WAIVER AND RELEASE OF LIABILITY  
MODEL SENATE at GOUCHER COLLEGE**

I am voluntarily participating in the Model Senate program ("the Program") sponsored by Goucher College on April 7, 2025. As a condition of participating in the Program, I agree to the following:

- I will comply with all rules and policies of Goucher College and with all rules and policies related to the Program.
- While participating in the Program, I will comply with any directives from the Program staff, Public Safety officers, and other employees of the Program and of Goucher College.
- I will be responsible for all property that I bring to the Program.
- Goucher College may, at its discretion, remove me from the Program if I fail to comply with rules, policies, or directives as described above.
- I assume any risk associated with my participation in the Program and agree not to sue Goucher College or its employees, trustees, directors, students, volunteers, or agents ("Releasees") for any liability, losses including loss from theft, damages, or personal injury WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES OR OTHERWISE. This includes liability arising out of tort, contract, strict liability, or otherwise.
- I agree to indemnify and hold harmless the Releasees from any loss, liability, damages, personal injury, or costs, including court costs and attorneys' fees that they may incur due to my participation in the Program.

**I have read the above waiver and release of liability. I understand that I am giving up substantial rights by signing it, and I sign it voluntarily on behalf of myself and my heirs and assigns.**

\_\_\_\_\_  
Name of Participant (Please print)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Participant

Parents or guardians must also sign this form. Please note that by signing on behalf of a Participant less than 18 years of age, the parent/guardian agrees to all of the terms of this Waiver and Release of Liability on behalf of the Participant and on behalf of the parent or guardian and his or her heirs and assigns.

\_\_\_\_\_  
Name of Parent / Guardian (Please print)

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Permission to make use photographs and other records of the program.** I hereby grant permission for Goucher College to make and use any photographs, video or audio recordings, or any other record of me of any kind during the Program for any legitimate college-related purpose.

\_\_\_\_\_  
Signature of Student (if 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if participant is not 18 years old)

\_\_\_\_\_  
Date