

## WAIVER AND AGREEMENT TO PAY MATHPATH

(Please print entries except for signature at end)

This Waiver and Agreement concerns MathPath 2020, a residential summer program taking place on the campus of Mount Holyoke College (hereafter MHC) in South Hadley, Massachusetts. MathPath 2020 is a program of the MathPath Foundation (hereafter just “MathPath”), a Michigan nonprofit corporation, with current primary location at 127 Pomona Ave, El Cerrito, CA 94530. MathPath is not sponsored or endorsed by MHC in any way except that they have signed a contract whereby for a fee MHC will provide facilities for MathPath 2020.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, (hereafter called “this student”) and representing this student’s entire family, have satisfied myself that the protocols for safety at MathPath 2020 as stated in the PreProgram Briefing represent due diligence on the part of MathPath. I therefore waive any and all legal claims my family may have, for injury or damages to this student, against MathPath, against MHC, and against their respective staff and employees, and hold them all harmless, provided that MathPath follows its protocols for this injury or accident. Further, I agree that for any legal claims we may have for this student against MathPath or MHC, because we believe the protocols were not followed, the claims shall only be against MathPath, not against MHC, nor against the staff or employees of either, and that the sum of claims payable individually and jointly by MathPath shall be limited to \$1 million in regard to this student.

I further waive all liability claims whatsoever against MathPath, MHC, and their respective staff and employees, and hold them all harmless, for any injuries or damages, at or because of the MathPath 2020 program, befalling parents, siblings, or relatives of this student, or others acting for us.

I further agree that I am responsible for and will pay in full within 30 days all medical costs for this student not covered by the medical insurance we have provided for this student. I further agree to reimburse MathPath in full within 30 days for all charges from MHC for losses or damages (e.g., missing room keys) that MathPath determines are the responsibility of this student, or of myself or others who come to campus with me or for me.

I agree that this Waiver and Agreement shall be governed by the laws of the State of Massachusetts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Full Address

**Must be signed and submitted by May 31, 2020**