

RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK AGREEMENT

TODAY'S DATE _____

I, _____ of _____
(Name of Participant) (Address)

Would like to participate in the optional, extra-curricular program offered by
_____, Title _____
(Name of Student Organization) (Title of Program)

at _____ which will start on _____
(Location of Event) (Date/Time)

and end on _____
(Date/Time)

I acknowledge that I am aware that there are risks to me of injury or property damage entailed in my participation in this extra-curricular program, including the risks of travel to and from this program. My participation in this elective program is voluntary decision on my part. I do fully and completely assume any risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this program. Although Boston University will provide as much information as possible on this program, I understand that it is my responsibility to request further information if I require such information in order to make a proper participation decision. I understand that the University gives no assurances or warranties whatsoever as to the safety of participants in this program.

In consideration of being presented an opportunity to participate in this optional, elective program and in acknowledging that I am aware of and willing to assume the risks associated with this program, I hereby voluntarily agree to waive, hold harmless and indemnify the Trustees of Boston University and its trustees, agents, volunteers, employees and

_____, including its individual
(Name of Student Organization)

members, from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary involvement with this elective program offered by a Boston University student organization. I understand the content of this document, and I execute this GENERAL RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK AGREEMENT of my own free will and accord.

(Participant's Signature)

(Date)

(if participant is under 18 years of age)

(Parent/Legal Guardian Signature)

(Date)

(Address)

(Area Code/Telephone)

(please see reverse side)

Due to the nature of the aforementioned activity, the University requires that you list below the insurance company name and insurance policy number of the coverage you or your parents currently hold insuring your loss due to illness or accident.

Insurance Company: _____

Policy Number: _____

In case of accident or due to serious illness or injury I hereby authorize Boston University and its representatives to contact the person(s) listed below.

1) Name _____ Telephone _____

2) Name _____ Telephone _____

According to the best of my knowledge the aforementioned information is correct and true and I realize that any incorrect or erroneous information provided is my responsibility.

(Name of Participant) (I.D. Number/Social Security)

(Campus/Local Address)

(Local Telephone) (Date)

cc: File