



RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK AGREEMENT

I, _____ (“Participant”), hereby give consent to Participant’s participation in _____ at Boston University on _____, 20__ (*date of Program*) (the “Program”) and acknowledge that such participation is voluntary. For purposes of this Agreement, “Boston University” shall include the corporation named Trustees of Boston University and its trustees, officers, employees, agents, representatives, contractors and all persons for whose conduct Boston University is or could be legally responsible.

I have read the Program description and I am aware of the risks inherent in the Program’s activities, including but not limited to personal injury or property damage. I understand that Boston University will not be responsible for my transportation to or from the Program activities and that Boston University has made no representation concerning the safety of participants in the Program.

In consideration of being provided an opportunity for “hands-on” research training in a college level laboratory facility, and in recognition that I am not a registered Boston University student, nor am I paying any tuition to the University or receiving any remuneration from the University and in acknowledging that I am not an employee of Boston University, nor I receive any health benefits, or other employee benefits, nor am I covered by Boston University worker’s compensation policies;

In consideration of the opportunity to participate in the Program,

- (i) I hereby fully and completely assume (on Participant’s behalf and on behalf of the Participant’s parents, guardians, heirs, executors, administrators, legal representatives and assigns) all of the risks in connection with the Participant’s attendance at and participation in the Program and I agree to waive, hold harmless and indemnify Boston University from any and all liabilities, demands, damages, causes of action and claims whatsoever arising out of ordinary negligence in connection with the Participant’s attendance at and participation in the Program. I understand that the University gives no assurances or warranties whatsoever as to the safety of participants in the Program.
- (ii) I hereby give my permission to Boston University to photograph, film, videotape and/or make sound recordings of the Participant, to quote or publish statements of the Participant and to use such photographs, films, videotapes, sound recordings and/or other statements in Boston University educational and promotional/advertising materials and for other purposes related to Boston University’s mission. I understand that Participant may be identified in any photographs, news stories or publications that Boston University considers appropriate for release to magazines, newspapers, Boston University’s World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of Boston University and that neither Participant nor Participant’s heirs, executors, administrators, legal representatives and assigns is entitled to any compensation for or rights in these materials. I release Boston University from all liability with respect to the matters covered by this paragraph.

I understand the content of this document, and I execute this RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK AGREEMENT of my own free will and accord.

(Participant's Signature)

(Date)

(Participant Address)

(Participant Telephone)

Emergency Notification

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 _____