

First-Year Student Outreach Project (FYSOP)
Release, Acknowledgment of Risk, and Waiver of Liability

Please complete if you are under the age of 18.

I. Volunteer information

Last name First name

U _____
Boston University Identification Number (BUID)

II. Emergency contact person

Last name First name

Relation to volunteer (e.g. father, mother, family relative, etc.)

Primary phone Secondary phone

Primary phone type (e.g. work, mobile, home) Secondary phone type (e.g. work, mobile, home)

In consideration of the opportunity to participate in activities through the Boston University Community Service Center ("CSC"), including but not limited to the First-Year Student Outreach Project ("FYSOP"), and to use equipment and facilities related to those activities, I do hereby release, hold harmless and forever discharge and agree not to sue Trustees of Boston University and its trustees, officers, agents, and employees (together, the "University") from any and all claims, responsibilities or liabilities for injury or damages resulting from or arising out of my or my family's use of, presence in, or participation in activities conducted through CSC, including FYSOP, whether or not caused by negligence or other fault of the University.

I understand, recognize and acknowledge that certain activities conducted or taking place through the CSC, including FYSOP, are potentially hazardous. I also acknowledge that it is my responsibility to follow instructions for any activity or use of equipment, and to seek help from the staff if I have any questions. I further understand that, notwithstanding precautions taken by the University, community service activities involve a risk of injury and/or death. I am voluntarily participating in these activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks associated with my participation in activities through CSC, including FYSOP.

Signature Date

Parental/guardian signature (if under 18 years of age) Date

If you are under 18 years of age, please print this form and have both the student and a parent or guardian sign it. After they have signed the form, please return it to the Community Service Center by fax (617-353-9424) or digitally scanned in PDF format and emailed to (fysop@bu.edu).