

**RELEASE AND INDEMNIFICATION AGREEMENT**

TODAY'S DATE \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name of Participant) (Address)

In consideration of my participation in the program sponsored by  
Lutheran Campus Ministry at Boston University, Title Spring Break to Europe  
(Name of Student Organization) (Title of Program)

at Geneva (Switzerland) and Taize (France) which will start on March 6, 2004 - 3pm  
(Location of Event) (Date/Time)

and end on March 14, 2004 - 3pm (Continental #81 arrival) do hereby, along with my administrators, executors,  
(Date/Time)

heirs, and assigns, release and forever discharge Boston University and its trustees, officers, agents and employees  
(collectively the "University") and the Lutheran Campus Ministry at Boston University  
(Name of Student Organization)

including its individual members, from any claims, demands, actions and causes of action of every name and nature I now have or may ever have arising out of my participation in this program and travel to and from the program.

I understand that the University gives no assurances or warranties whatsoever as to the safety of participants in this program.

I further acknowledge that I am aware of the risks to me of injury, property damage or loss, or even death entailed in my participation in this program. I do fully and completely assume all risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this program. I, along with my administrators, executors, heirs and assigns, further agree to indemnify and hold the Trustees of Boston University, its employees

and Lutheran Campus Ministry at Boston University, including its individual members,  
(Name of Student Organization)

harmless from all expenses, losses, claims, causes of action or damage arising out of my participation in this program, and related travel including any attorney's fees and court costs arising from the same.

I have read and undersigned this document and am signing it of my own free will in order to gain permission to participate in the program.

\_\_\_\_\_  
(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

