

**BOSTON UNIVERSITY  
PARENTAL ACKNOWLEDGEMENT, CONSENT AND RELEASE FROM LIABILITY**

For Participation in the Center for English Language and Orientation Programs (CELOP)

Name of Child: \_\_\_\_\_

1. I hereby consent to the participation of the child named above in all activities of CELOP to be held at Boston University CELOP EOP, 890 Commonwealth Avenue and CELOP IEP, 882 Commonwealth Avenue, Boston, Massachusetts.

2. I understand, recognize and acknowledge that this Program involves activities, such as field trips, that may involve the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child's participation in the Program.

3. In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University (the "University") and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorney's fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation on the program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

4. In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, and that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

**PARENT OR GUARDIAN:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Telephone