Boston University

GENERAL RELEASE, ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I plan to participate in the Public Health Museum Bus Trip event organized by the Graduate Student Life Office at Boston University School of Public Health occurring on Tuesday, April 2, 2019 (herein referred to as the "Activity"). This is an optional social activity and my participation in this Activity is not a requirement of or mandated by my course of study or in order to fulfill any academic requirements of a Boston University program. My participation in this Activity is a voluntary decision on my part.

I acknowledge that I am aware that there are risks to me of injury entailed in my participation in this Activity, including the risks of travel to and from the location where the Activity will take place, as well as the risks associated with undertaking the Activity. These risks include, but are not limited to, illnesses, injury or death, property damage and other risks that may not be foreseeable. I fully and completely assume any risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this Activity. I acknowledge that it is my responsibility to obtain all relevant information regarding this Activity and to obtain further information if needed to make a proper participation decision. I understand that Boston University does not control or run any aspect of this Activity, does not represent or act as an agent for, and cannot control the acts or omissions of, the transportation carrier or any other provider of food, goods or services involved in the Activity, and Boston University gives no assurances or warranties whatsoever as to the safety of participants in the Activity.

In consideration of being allowed to participate in this Activity, and acknowledging that I am aware of and willing to assume all of the risks associated with this Activity, I hereby voluntarily agree to release, waive, hold harmless and indemnify the Trustees of Boston University and its trustees, officers, agents, volunteers and employees from any and all liabilities, claims, demands, damages and causes of action of any nature whatsoever, including ordinary negligence, arising out of or resulting directly or indirectly from my participation in this Activity, which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in this Activity. I have read and understand the content of this document, and I execute this GENERAL RELEASE, ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT of my own free will and accord.

I agree that this instrument shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts excluding those laws that direct the application of the laws of another jurisdiction, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns. I hereby consent, on behalf of myself, my legal representatives, heirs, executors, administrators, successors and assigns, to the exclusive jurisdiction of the state and federal courts located in Boston, Massachusetts with respect to any claim, suit or action arising in any way out of this instrument or the subject matter thereof.

NAME (FIIII)		
DATE:	SIGNATURE:	

NIA NAT (Duin4).