Northeastern University
Center for Student Involvement

Center for Student Involvement
434 Curry Student Center
nucsi@neu.edu
617.373.2642

INFORMED CONSENT & RELEASE OF LIABILITY

Participant's Name: _____ **Age:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

I, the undersigned (or parent/guardian, if Participant is under the age of 18) understands that this is a legally binding Release of Northeastern University.

I/We request permission to participate in the _____ event hosted by Northeastern University, taking place on
(Name of Program)
_____, 20___ at _____ ("Activity"). In consideration of being granted this permission, I/We agree as follows:
(Date) (Location)

1. Voluntary Activity. I understand and agree that participation in this Activity is purely voluntary and is not required by Northeastern University.
2. Acknowledgement of Risk. I/We recognize and appreciate the dangers, hazards and risks of the Activity which could include serious or even mortal injuries and property damage. I/We attest that we have fully considered the risks and hazards and I/We agree that I have individually assumed the risks involved in this Activity.
3. Fitness to Participate. I/We represent that I am physically and mentally able to participate in the above referenced Activity and have no health conditions which would present a risk to me in participating in this Activity. I certify that the participant has been seen by a healthcare provider within the last year.
4. Compliance with Rules: I also understand that I will be obliged to abide by the rules of the event, as well as any rules of conduct promulgated by the sites and facilities I visit as a part of my participation in this event, and that the rules of conduct promulgated by the sites and facilities will apply in addition to Northeastern University's rules. Further, I understand that I will be obliged to abide by any rules of conduct promulgated by the organizers of the Activity. I understand that if I fail to follow the program rules that Northeastern University shall have the right to dismiss me immediately and that further actions will be taken if necessary.
5. Medical Treatment: I/We understand that Releasees may not have medical personnel available at the location of the Activity. I/We understand and agree that Releasees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment. I represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury or illness. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment.

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING

In consideration of my participation in the Activity, I further hereby agree and grant permission for the Northeastern University to record, film, photograph, audio-tape, videotape, interview and or publicly exhibit, display, distribute and/or publish my likeness, appearance and or spoken words in any form and for any purpose worldwide to perpetuity and without compensation.

I, on behalf of myself, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasors"), hereby release Northeastern University, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims that I/we may have arising from, or in connection with, any physical, emotional or mental injury or property damage that Releasors may suffer as a result of participation in the Activity from any cause whatsoever, to the extent permitted by law.

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my choosing, I acknowledge and understand that this agreement will release Northeastern University and its Releasees from any liability in connection with any injury damage or loss arising out of participation in the above referenced Activity. It is my express intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives or assigns.

_____ _____ _____
Participant's Name *(Please Print)* Participant's Signature Date

If participant is under age 18, complete the following:
I further state that I am the Participant's parent/guardian and am fully competent to sign this agreement; and that I execute this release for full, adequate and complete consideration fully intending for myself, for the participant and for the participant's family, estate, heirs, administrators, personal representatives or assigns to be bound by same.

_____ _____ _____
Parent/Guardian Name *(Please Print)* Parent/Guardian Signature Date

PLEASE RETURN COMPLETED FORMS TO THE CENTER FOR STUDENT INVOLVEMENT (434CSC OR 240 CSC) NO LATER THAN THREE BUSINESS DAYS BEFORE THE EVENT LISTED ABOVE.