

**SUFFOLK UNIVERSITY**

**PARTICIPANT WAIVER AND RELEASE OF LIABILITY FORM**

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. THE EFFECT OF THIS DOCUMENT IS TO RELEASE SUFFOLK UNIVERSITY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ANY AND ALL CLAIMS FOR DAMAGES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES.

Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Activities: \_\_\_\_\_

Date(s) of Activities: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, exercising my own free choice to participate voluntarily in the activities described above (the "Activities"), fully understand and appreciate the dangers, hazards, and risks inherent in the Activities and in the transportation to and from the Activities. I understand that the dangers and risks of participating in these Activities may result in personal injury.

In consideration for being permitted to participate in the Activities, I, in full recognition of and appreciation of the dangers and hazards in the Activities to which I may be exposed during my participation, agree to the commitments described below.

I understand that participating in the Activities is an acceptance of the hazards and risks that may be associated with my participation in the Activities, including the risks of injury to person or property or both, which may occur from known or unknown causes. I understand, accept and assume all such hazards and risks.

I agree, for myself and on behalf of my heirs, personal representatives and assigns, to defend and hold harmless, indemnify and release, and forever discharge Suffolk University and all of its officers, trustees, directors, employees, agents, representatives and insurers (the "Released Persons and Entities") from and against any and all claims, demands, actions or causes of action, on account of injury, death or damage, whether to myself or to any other individual, and for

damage and/or loss of property, which may result from or is related to my participation in the Activities. I also further release the Released Persons and Entities from any claims relating in any way to any first aid, treatment or services rendered as a result of my participation in the Activities. I understand that I will be solely responsible for any loss, liability, damage or costs which I sustain or cause, whether in whole or in part, while participating in the Activities.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the Commonwealth of Massachusetts, and that if any portion of this waiver is held invalid, it is agreed that the balance shall continue in full force and effect.

This Participant Waiver and Release of Liability Form shall be effective from the date of my signature below.

I affirm that I have had sufficient time to review and understand the provisions in this document, that I have read and full understand this document and that I am freely signing this document. After careful deliberation, I voluntarily give my consent and agree to this Participant Waiver and Release of Liability Form.

In witness whereof, I have caused this release to be executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Name of Participant (Printed)

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Signature of Participant

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Name of Witness (Printed)

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Signature of Witness

If Participant is under the age of 18, his or her parent or legal guardian must also sign.

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document. I consent to the participant taking part in the Activities described above, and I fully enter into and agree to the above Participant Waiver and Release of Liability Form.

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Signature of Parent (if Participant less than 18 years of age)