



VOLUNTARY RELEASE FORM: AGREEMENT FOR PARTICIPANTS

*RELEASE AND DISCHARGE, ACCEPTANCE OF RESPONSIBILITY & ACKNOWLEDGMENT OF RISK
This document affects your legal rights. You must read and understand it before initialing or signing it.*

Event: Triplexathon

Date: April 28, 2017

Name (print): _____ Birth Date: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact: _____ Relationship: _____ Phone: _____

I, the above named person being above age eighteen, hereby acknowledge, agree, promise, and covenant with and release and discharge Boston College and their employees (Releasees) on behalf of myself, my heirs, assigns, personal representative and estate as follows:

ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that the activities I am about to deliberately engage in as a participant bear certain unknown and unanticipated risks which could result in injury, death, physical or mental illness or disease, or damage to myself, to my property, to spectators, or other third parties. I understand and acknowledge those risks may result in personal claims against Releasees or myself by Releasees, spectators, or other third parties. Among these risks are the following: (1) the nature of the activity itself, particular risks of activity; (2) the acts or omissions of Releasees and other persons or entities; (3) latent or apparent defects or conditions in equipment or property supplied by Releasees, or other persons or entities; (4) use or operation, by myself or others, of equipment (including vehicles) supplied or rented by Releasees or other persons or entities; (5) acts of Releasees, participants in this activity, or other persons; (6) weather conditions including but not limited to: lightning, wind, avalanche, flash flood, and rock fall; (7) contact with plants or animals or other environmental hazards; (8) my own physical condition, or my own acts or omissions; (9) conditions of roads, trails, waterways, terrain, and routes taken and accidents connected with their use; (10) first-aid, emergency treatment or other services rendered; (11) consumption of food or drink; (12) other unknown and unanticipated risks.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease, or damage to myself, to my property, or to spectators or other third parties. I expressly accept those risks not specifically listed above as well.

ACCEPTANCE OF RISK AND RESPONSIBILITY

In consideration of Boston College providing support for this program and allowing me to participate. I AM ASSUMING FULL RESPONSIBILITY FOR MY ACTIVITY while participating and I specifically assume the risk of negligence of others including Boston College, its employees, agents, officers or trustees. BY SIGNING THIS FORM, IT IS MY INTENT TO WAIVE MY RIGHTS TO MAKE LEGAL CLAIMS AGAINST OR TO SUE BOSTON COLLEGE, ITS AGENTS AND REPRESENTATIVES FOR DAMAGES AS COMPENSATION FOR ANY INJURIES SUSTAINED BECAUSE OF MY PARTICIPATION IN ITS ACTIVITY. IT IS MY INTENTION TO RELEASE BOSTON COLLEGE ITS AGENTS AND REPRESENTATIVES FROM LIABILITY TO ME BECAUSE OF MY VOLUNTARY PARTICIPATION IN THIS ACTIVITY.

INFORMED CONSENT AND RELEASE

I certify that I am 18 years of age and have read this ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT and RELEASE and understand all its terms.

Name of Participant (Print) _____ Date _____

Signature of Participant _____

If participant is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above, do hereby consent to his or her participation in the program identified above. I, as the parent of the student and on behalf of the student, release, hold harmless and agree to indemnify Boston College, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or the student may suffer, or for which the Student may be liable to any other person, related to the student's participation in the program (including periods in transit to or from the student's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name of Participant (Print) _____ Date _____

Signature of Parent/ Guardian _____

I HAVE READ THIS PAGE, AND SIGN TO SHOW THAT I UNDERSTAND AND AGREE:

Signature: _____ Date: _____