

Boston College Outdoor Adventures

Release of Liability (Program & Date)

I am voluntarily participating in the above mentioned program organized by Boston College as part of the "Outdoor Adventures" (OA) program of Boston College Campus Recreation. I acknowledge that my participation in this program may involve known and unknown risks which could result in significant injury (or death) to myself or others or damage to property, only some of which risks are specifically identified in this agreement. I have had the opportunity to ask OA any questions I may have about the program and any hazards and risks associated with it. I acknowledge that I am willingly participating in the program and I expressly agree that I am accepting and assuming all risks associated with it.

I recognize and acknowledge that there are inherent risks and hazards involved in participating in the program, including, but not exclusively, such hazards as danger from rock-fall, sudden changes in weather, falls on steep terrain, failure of equipment, the possibility of becoming lost, as well as all other hazards associated with hiking, rock climbing, mountaineering, wilderness travel, kayaking, canoeing, skiing, biking, and other pursuits of Boston College Outdoor Adventures, including transportation to and from events, and I agree to assume all such risks and hazards, and I further agree to bear all costs of rescue or medical attention rendered to me personally arising from the program.

If I have any known medical condition, allergy, prior injury, or treatment plan (collectively, "medical issues") that may affect my participation in the program or would otherwise be necessary for the leaders of the program to know in connection with administering the program or in the event of an emergency, I agree to notify the coordinators of the program about such medical issues. I further agree that if I have any medical issues, I will be medically cleared by my treatment professional to participate. I agree to disclose any medical conditions on the attached Medical Release Form. I agree not to participate in OA activities unless I am medically able, and I agree to abide by the decision of the activity Supervisor relative to my ability to safely complete the activity. I agree to abide by all safety measures disclosed or provided to me in connection with the program. If the activity involves using a helmet for safety, I agree to wear an approved helmet at all times.

In consideration of my being permitted to participate in the program. I, the undersigned, hereby for myself, my heirs, executors, administrators, and assigns, voluntarily waive, release, forever discharge and fully indemnify Trustees of Boston College, its officers, trustees, employees, independent contractors, and agents, from and against any and all lawsuits or actions, claims or demands by reason of damage, loss, death or injury to myself to my property or to third persons arising from my participation in the program, notwithstanding that the same may have been contributed to or occasioned by the negligence of any of the same.

I understand that this is a legally binding agreement. I am 18 years of age or older and have read and understand this agreement, have discussed my participation in the program and this agreement with my parent or guardian, and I voluntarily accept its terms. (If under 18 parent/ guardian must also sign.)

Name: _____

Address: _____ Phone: _____

Email: _____ Date: _____

Emergency contact name: _____

Relation: _____ Phone: _____

Medical insurance policy and number: _____

Signature: _____

Signature of Parent/ Guardian (if under 18): _____