



ASSUMPTION OF RISK
RELEASE & WAIVER OF LIABILITY FOR MINORS

I, _____ (“Participant”), acknowledge that I have voluntarily applied to participate in _____ (the “Program”) to be held at Advanced Science Research Center (“ASRC”) at The City University of New York (“CUNY”) campus located at 85 Nicholas Terrace, New York, NY 10031 (“Premises”) on _____. I agree to follow all ASRC equipment use and safety procedures and policies, and to comply with any supplemental training or testing that CUNY may require.

I AM VOLUNTARILY PARTICIPATING IN THE PROGRAM ACTIVITIES WITH KNOWLEDGE OF ANY RISKS INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

As consideration for being permitted to participate in the Program and use the Premises and facilities, I forever release The City University of New York, its affiliate corporations, the State of New York, the Dormitory Authority of the State of New York and the City of New York, and their respective trustees, directors, officers, employees and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage that I may cause or incur related to (i) my participation in these activities and/or (ii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make and will not have a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the potential dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Participant

Signature _____
Name _____
Address _____
Date _____

Parent or Guardian

(required if participant is under 18)

Signature _____
Name _____
Address _____
Date _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM