

CONSENT TO PARTICIPATE & RELEASE FORM



Northeastern University
Marine Science Center

(EVERY individual in a group or family must complete one form, including teachers and chaperones.)

Participant's Name: _____ Age _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

I/We request permission to participate in the rocky shore field trip program hosted at Northeastern University's Nahant Campus with the scheduled program date(s) of _____ and including any date(s) rescheduled due to weather or other circumstance (the "Activity"). In consideration of being granted this permission, I/We agree as follows:

1. Voluntary Activity: I understand and agree that participation in this Activity is purely voluntary.
2. Program Understanding: I understand that the Activity will involve the participant surveying the rocky and/or sandy shore. Students will have the opportunity to handle live marine organisms, including shellfish, if desired (not required). These activities will take place on the rocky intertidal zone at Northeastern's Nahant campus, within its buildings, and around East Point.
3. 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.
4. 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 that 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.
5. Compliance with Rules: I also understand that I will be obliged to abide by the rules of the program. 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.
6. Medical Treatment: I/We understand that Releasees do 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 that might arise out of, or in connection with such authorized emergency medical treatment.
7. Health Insurance: 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.
8. Media Release: In consideration of my participation in the Activity, I further hereby agree and grant permission for 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.

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING

I, on behalf of myself, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasers"), 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 Releasers 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.

If participant is 18 years of age or older, complete the following:

Participant Name (please print): _____

Participant 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: _____