

New York City College of Technology of The City University of New York
300 Jay Street, Brooklyn, NY 11201

RELEASE AND WAIVER OF LIABILITY FORM

Participant Name: _____

Address (Street, City, State, Zip): _____

Date of Birth of Participant: _____

Parent/Guardian Name (and address if different): _____

Parent/Guardian Cell Phone: _____

Dates: _____ Professor/Staff Member: _____

Program: _____

Authority: I represent and acknowledge that I am the Parent/Legal Guardian of the Participant who is under age eighteen and will be participating in the Program at New York City College of Technology of The City University of New York ("NYCCT"). I am fully competent to sign this Agreement. I UNDERSTAND THAT PARTICIPANT'S ATTENDANCE IS VOLUNTARY. I acknowledge that I am signing this Release and Waiver of Liability on my behalf and on behalf of Participant and that Participant and I shall be bound by the terms of this Agreement.

Permission: I give permission for Participant to participate in the Program at NYCCT.

Medical treatment: I authorize and give consent for employees, agents and representatives of NYCCT to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is in need of emergency medical care, and NYCCT is not able to reach me, I authorize NYCCT to sign all necessary papers and arrange for emergency treatment and hospital care, including medical diagnostics (such as pathology or radiology), anesthetic, surgery, blood transfusion, medication.

Release: In consideration of NYCCT providing the opportunity for Participant to participate in this Program, I release NYCCT, the Board of Trustees of The City University of New York, officers, employees, and representatives from any and all liability to me, to Participant, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all loss of personal property, illness or injury to Participant, including death, arising out of, occurring during or in any way connected with the Program, including injuries caused by negligence of NYCCT, the Board of Trustees of The City University of New York, officers, employees, and representatives, or any other participant in the field trip or Program that may be sustained by Participant while participating in such Program or while on premises owned or

leased by NYCCT.

Waiver: I agree to waive and covenant not to sue NYCCT, the Board of Trustees of The City University of New York, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Program. It is my express intent that this covenant not to sue and agreement to hold harmless shall bind the members of my family, Participant's family, and our heirs, assigns and personal representatives, if Participant or I become deceased. This release and waiver of liability are governed by and will be construed in accordance with the laws of the State of New York without regard to principles of conflicts of law. I agree that I will submit to the exclusive jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of all disputes arising hereunder or relating hereto, regardless of the place of execution of this form.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE, WAIVER AND HOLD HARMLESS OF LIABILITY OF ALL CLAIMS FOR PARTICIPANT'S INJURY OR DEATH THAT MAY OCCUR WHILE PARTICIPATING IN THE PROGRAM.

Parent/Guardian's Signature: _____

Date: _____