

Acknowledgement of Risk and Release and Waiver Of Liability Form

As parent or legal guardian of the child whose name appears below, I acknowledge that there are certain risks inherent in my child's participation in the _____ [NAME OF PROGRAM], which will take place _____ [ENTER DATES] of year _____ [ENTER YEAR]. These risks include, without limitation, risks associated with transportation, meals, _____ [LIST ANY OTHER RELEVANT ACTIVITIES IF APPLICABLE e.g., overnight stays in a hotel, field trips, travel to other locations, etc.] and my child's participation in supervised and unsupervised social, recreational and educational activities. I also acknowledge that any questions I or my child have had about activities or travel related to the Program have been answered to my satisfaction and that representatives of New York University (the "University") and the _____ [SCHOOL, DEPT, OR PROGRAM NAME] are available to answer any additional questions we may have.

I acknowledge that my child and I have been informed about behavioral expectations with respect to the program and my child and I have read the Program Policies and Contract (if applicable) and my child agrees to abide by these expectations and policies.

I agree that I will inform an appropriate representative of the University or _____ [SCHOOL, DEPT, OR PROGRAM NAME] of any special information regarding the health, or physical or mental condition of my child that may be relevant to my child's participation in the Program or any travel related to the Program.

Knowing the risks and dangers associated with the Program and in consideration for permitting my child to participate in the Program, I agree to the maximum extent permitted by law:

(a) To release and discharge the University from any liability or responsibility for any personal or bodily injury (including death), and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child's participation in the Program including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or administration or other employees, agents, servants or representatives of the University or _____
[SCHOOL, DEPT, OR PROGRAM NAME]; and

(b) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the University that I or my child have ever had, now have, or may have in the future or which my or my child's executors, administrators or assigns may have or claim to have, for any cause of action that may result from or arise out of or in connection with my child's participation in the Program or any travel related to the Program including, without any cause of action that may result from or arise out of or in connection with the negligent acts or omissions members of the faculty or staff or other employees, agents or servants of the University or _____
[SCHOOL, DEPT, OR PROGRAM NAME].

All references to the University in this form shall include, and all provisions of this form shall inure to the benefit of, the University's trustees, officers, employees, agents, servants, and representatives.

This Acknowledgement of Risk and Release and Waiver of Liability are governed by and construed in accordance with the laws of the State of New York applicable to contracts entered into and intended to be performed solely within the State of New York. I shall submit to the jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

I have read this document and understand its contents. I have full authority to execute this Acknowledgement of Risk and Release and Waiver of Liability and have executed this Acknowledgement of Risk and Release and Waiver of Liability voluntarily and of my own free will.

Student Name (PRINT NAME)

Student Date of Birth

Parent/Legal Guardian (PRINT NAME)

Date

Parent/Legal Guardian Signature

Date