

## **VOLUNTARY RELEASE FORM: AGREEMENT FOR PARTICIPANTS**

RELEASE AND DISCHARGE, ACCEPTANCE OF RESPONSIBILITY & ACKNOWLEDGMENT OF RISK This document affects your legal rights. You must read and understand it before initialing or signing it.

Event: Tri-Plexathon	Date: <b>April 27, 2018</b>			
Name (print):	Birth Date: Phone:			
Address:	City:	State: _	Zip:	
Emergency contact:	Relationship:		_Phone:	
I, the above named person being above ag Boston College and their employees (Relea				
ACKNOWLEDGMENT OF RISKS I understand and acknowledge that the unanticipated risks which could result in spectators, or other third parties. I underst Releasees, spectators, or other third partiactivity; (2) the acts or omissions of Relea property supplied by Releasees, or other pusplied or rented by Releasees or other pusplied environmental hazards; (8) my own physical routes taken and accidents connected with food or drink; (12) other unknown and unanticipated risks which could result the second results of the s	injury, death, physical or mental illness tand and acknowledge those risks may rees. Among these risks are the following sees and other persons or entities; (3) lapersons or entities; (4) use or operation, ersons or entities; (5) acts of Releasees, phtning, wind, avalanche, flash flood, and al condition, or my own acts or omissions in their use; (10) first-aid, emergency trea	or diseas esult in per p: (1) the ratent or ap by myself participants d rock fall; s; (9) cond	e, or damage to my resonal claims against nature of the activity parent defects or co f or others, of equipmes in this activity, or ot (7) contact with plaitions of roads, trails,	rself, to my property, to Releasees or myself by itself, particular risks of inditions in equipment or ment (including vehicles) her persons; (6) weather ants or animals or other, waterways, terrain, and
I understand and acknowledge that the all unidentified, anticipated or unanticipated is spectators or other third parties. I expressly	may also result in injury, death, illness,	disease,	or damage to mysel	
In consideration of Boston College proves RESPONSIBILITY FOR MY ACTIVITY WI College, its employees, agents, officers of LEGAL CLAIMS AGAINST OR TO SUCOMPENSATION FOR ANY INJURIES SELEASE BOSTON COLLEGE ITS AGE PARTICIPATION IN THIS ACTIVITY.	viding support for this program and a hile participating and I specifically assu r trustees. BY SIGNING THIS FORM, I JE BOSTON COLLEGE, ITS AGENT USTAINED BECAUSE OF MY PARTICI	ime the ris T IS MY I S AND F IPATION I	sk of negligence of NTENT TO WAIVE REPRESENTATIVES N ITS ACTIVITY. IT	others including Boston MY RIGHTS TO MAKE FOR DAMAGES AS IS MY INTENTION TO
INFORMED CONSENT AND RELEASE	:			
I certify that I am 18 years of age and have and understand all its terms.	ve read this ACKNOWLEDGMENT OF	RISK ANI	O INFORMED CON	SENT and RELEASE
Name of Participant (Print)		Date		
Signature of Participant		T-Shir	t Size (Men's & Wor	men's)
If participant is under age 18, the p	parent and/or legal guardian mus	t sign be	low:	
I, the undersigned parent and/or legal guard identified above. I, as the parent of the student and its officers, directors, faculty, staff, reprifor injury to person or property which I or the student's participation in the program (inclubut not limited to ordinary or gross negligen	dent and on behalf of the student, release esentatives, employees and agents, from e student may suffer, or for which the Stu ding periods in transit to or from the stude	, hold harn and again dent may l	nless and agree to in est any present or futu be liable to any other	demnify Boston College, ure claim, loss or liability person, related to the
Name of Participant (Print)		_ Date		
Signature of Parent/ Guardian		_		
I HAVE READ THIS PAGE, AND SIGN T	O SHOW THAT I UNDERSTAND AND	AGREE:		
Signatura:		Data		