ROCHESTER INSTITUTE OF TECHNOLOGY RELEASE AGREEMENTCONCERNING MINOR CHILD

As the parent and/or legal guardian of	ight Program (the "	Activity") at Rochester Institute of Technology			
1. Assumption of Risk. I understand that particip described in the Activity Detail Form on the reverse provided by independent third parties, such as trans. These Providers are not agents of, or represented by of these third party Providers. I have been given the questions have been answered to my satisfaction. It hazards associated with the Activity, and hereby coresponsibility for any risks of loss, property damage the Participant's involvement in the Activity, unless agents, employees or volunteers (the "Releasees").	e side of this Release Agreement. It sportation companies, park operators of RIT, and RIT is not liable for the name chance to ask questions concerning Having read this form, both the Particular to the Participant's involvement or personal injury, including death	acknowledge that some of the Activity may be family entertainment providers ("Providers"). egligent or otherwise wrongful acts or omissions g this Activity Detail Form and all such sipant and I am fully aware of the risks and in the Activity. I voluntarily assume full that I and/or the Participant sustain arising from			
2. <u>Liability Release</u> . In consideration for RIT allowate the Releasees and release the Releasees from an of any nature whatsoever which I and/or the Participant, or to any propremises where the Activity is being conducted, ex Releasees.	ny and all liabilities, claims, demand pant may have arising out of any los operty belonging to me or the Partic	s, actions, causes of actions, costs and expenses s, damage, or injury, including death, that may be pant, arising from the Activity or while upon the			
3. Indemnification. I agree to indemnify and hold including court costs and attorneys' fees, that Releathose claims arising from the gross negligence or w	asees may incur arising from the Part				
4. Warranty of Physical Fitness. Both the Participation him/her to participate fully in the Activity. We use Participant's physical fitness or ability of the Participant concerning Participant's physical condition. I main participating in this Activity. I assume full response result of the Participant's involvement in the Activity.	derstand the Releasees have not madipant to participate in the Activity, a stain medical insurance that covers the ibility for payment of medical expensions.	e, nor will make, any investigation into the nd Releasees are relying on my warranty ne Participant for accidents and illnesses while			
5. Emergency Medical Treatment. I grant the Release they deem appropriate, and agree that such action be agree that the Releasees assume no responsibility for authorized emergency medical treatment.	y the Releasees shall be subject to the	e terms of this Agreement. I understand and			
It is my express intent that this Agreement shall bind me, the Participant, the members of my family and spouse (if any), my estate, heirs, administrators, assigns or personal representatives. I agree that this Agreement and any claim arising from participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws provision. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or incident to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.					
In signing this Agreement, I acknowledge that I have bound by its terms. I further acknowledge that I are Agreement voluntarily.					
Name of Parent or Guardian (printed)	Signature	Date			
Name of Participant (printed)	Signature	Date			

ACTIVITY DETAIL FORM

Name of Activity: Com	puter S	Science House Insigh	nts Overnight Program	-
Date(s) of Activity:				
Location of Activity:		RIT Campus	Other:	

Description of Activity:

- Learning Workshops
- Team games
- Meal on campus
- Group projects
- Computer Science House meeting
- (Possible) Off-campus trip to popular Computer Science House restaurant, Mark's Hots.

By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed below:

I understand that participating in this activity can be dangerous involving many risks of injury, including but not limited to serious injury to bones, joints, ligaments, internal organs as well as the risk of death or serious disability. Any of these injuries may lead to a permanent impairment to engage in the business, social and recreational activities I generally enjoy in life. Because of the dangers of participating in this activity, I warrant that I am knowledgeable in the use of protective equipment and rules of the activity, and agree to abide by such use of protective equipment and rules. I am fully aware of the risks and hazards associated with the activity, and hereby elect to voluntarily participate in this activity.

In our effort to conduct a safe event, we request that you conduct your participation with the safety of yourself and others in mind.

Please read and sign the Release Agreement on the reverse side of this form.