Northeastern University
Accelerate
Pre-College Programs

Northeastern University Consent to Participate & Release of Liability, Accelerate Pre-College Programs

I, the undersigned (which refers to each of the participant and the participant's parent/guardian), understand that this is a legally binding Release of Northeastern University.

I request permission for the participant to participate in the Accelerate Pre-College Program ("Activity"). In consideration of being granted this permission, I agree as follows:

1. Voluntary Activity. I understand and agree that participation in this Activity is purely voluntary and is not required by Northeastern University.

2. Acknowledgment of Risk. I recognize and appreciate the dangers, hazards, and risks of the Activity, which could include serious or even mortal injuries and personal property damage. I attest that I have fully considered the risks and hazards, and I agree that I have individually assumed the risks involved in this Activity.

3. Fitness to Participate. I hereby represent that the participant is physically and mentally able to participate in the above referenced Activity and has no health problems which would present a risk to the participant, or others, in participating in this Activity. I certify the participant has been seen by a healthcare provider within the last year.

4. Compliance with Rules. I understand that the participant is required to abide by the rules of Northeastern University, as well as any rules of conduct promulgated by the sites the participant may visit as a part of participant's participation in this Activity, and that the rules of conduct promulgated by the sites and facilities will apply in addition to Northeastern University's rules. I understand that if the participant fails to follow all applicable rules, Northeastern University shall have the right to terminate the participant's participation privileges immediately and that further actions will be taken if necessary.

5. Emergency Medical Treatment. I authorize the Released Parties (defined below) to transport the participant to, and to authorize on participant's behalf, emergency medical treatment if necessary, and I understand and agree that such action shall be subject to the terms of this Release. I understand and agree that the Released Parties assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment or transport.

6. Self-administration of medication. Parents/Guardians and students are responsible for any issues that may arise as a consequence of students self-administering their medications. Students must keep their medications secure and not make them available to any other student. Northeastern assumes no responsibility for securing or administering medication and shall not be liable for any consequences that may arise as a result of students securing, or failing to secure, and administering, or failing to administer, medication. Students and families must indicate any medications in the student health forms.

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7. Insurance. I represent that the participant is covered by adequate health insurance necessary to provide for and pay any medical costs that may be incurred as a result of injury. I guarantee payment of all expenses incurred for transportation of participant to and receipt of emergency medical treatment.

8. Release. I, on behalf of myself, the participant, and our respective family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasors"), hereby release Northeastern University, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Released Parties") from, and agree not to sue the Released Parties for, any claims that I may have arising from, or in connection with, any physical, emotional or mental injury or property damage that Releasors may suffer as a result of the participant's participation in the Activity from any cause whatsoever, to the fullest extent permitted by law.

9. Permission. In signing this release, I grant Northeastern University and the staff of Accelerate Pre-College Programs permission to discuss and to share information concerning the student's academic progress, personal behavior, and health during the program with those individuals listed as parent/guardians and emergency contacts within the completed program form. When appropriate or necessary, Accelerate Pre-College staff may also communicate information about a student's progress, welfare, safety, discipline, academics, and any other aspect of their program experience with Northeastern faculty and staff and any other parties identified by Accelerate Pre-College Programs.

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.

I acknowledge that I have carefully read this Release and fully understand its contents. I acknowledge that I am voluntarily executing this Release of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this Release will release Northeastern University and the Released Parties from all liability in connection with any injury or damages or losses suffered as a result of the participant's 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, and assigns.

I am the Participant's parent/ legal guardian, and am fully competent to sign this Release. I execute this release for full, adequate, and complete consideration, fully intending for myself, the participant, and the participant's family, estate, heirs, administrators, personal representatives, and assigns to be bound hereby.