

## ***Boston College***

Education for Students by Students, a BC Registered Student Organization  
Office of Student Involvement, Carney Hall First Floor  
140 Commonwealth Avenue  
Chestnut Hill, MA 02467

BC Splash  
(617) 297-7524  
bcsplash@gmail.com

### **Boston College Splash**

#### **Liability Release, Waiver, Discharge and Covenant Not to Sue**

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, Release), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, Releasor, I or me, which terms shall also include Releasors parents or guardian, if Releasor is under 18 years of age) to the Boston College (BC).

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the program, trip or other activity described on Exhibit A[1] which is attached to and incorporated in this Release (the Activity). As the undersigned Releasor, I understand that BC does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by BC, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this activity, and I release BC and all of its affiliates, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, agents, administrators, assigns, and contractors (collectively Releasees), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively Liabilities), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

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Signature of Parent or Guardian

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Date

**ESS MEDICAL & EMERGENCY CONTACT/PARENTAL CONSENT FORM**

Student Name: \_\_\_\_\_  
Last First Middle

Student's Date of Birth: \_\_\_\_\_

\*Student's Physician: \_\_\_\_\_  
Name Telephone

\*Health Insurance: \_\_\_\_\_  
Name Policy Number

\*Information not required, but strongly suggested to assist us in an emergency

History of significant health problems: \_\_\_\_\_

**PLEASE BE AWARE THAT THIS FORM IS ONLY USED IN CASE OF EMERGENCY. IF THE STUDENT HAS A CONDITION THAT TEACHERS OR PROGRAM DIRECTORS SHOULD BE AWARE OF, PLEASE E-MAIL THE PROGRAM DIRECTORS AT [besplash@gmail.com](mailto:besplash@gmail.com)**

Please list allergies or sensitivities to medications and/or foods (including but not limited to lactose intolerance, gluten allergy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

List any medications student will/may be taking during the program:

\_\_\_\_\_  
\_\_\_\_\_

In case of an injury, I grant permission for \_\_\_\_\_ to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she (listed within) is participating in BC Splash.

We will take reasonable steps to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to BC staff to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Day Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_