

EVENTS AND ACTIVITIES RELEASE AND WAIVER FORM 2008

The George Washington University Summer Scholars Pre-College/Program Mini-Course

TO STUDENTS 18 YEARS OLD AND ABOVE: Please complete and sign this form.

TO THE PARENT OR GUARDIAN: If your student is under the age of 18, please complete and sign this form.

FOR SIGNATURE OF PARENTS/GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18.

Release executed on _____, 2008 by _____
Date Your Name (please print)

for the benefit of The George Washington University.

I/we, the undersigned, assert that I am/we are the parent(s) or legal guardian(s) of _____
Student's Name (please print)

and that the Undersigned has been informed of and understands the nature of the Program and the on and off-campus activities being offered to my son/daughter/ward (the "Participant") and the travel arrangements incident thereto. The Undersigned understands that Program staff accompany program-related on and off campus activities but do not supervise Participants' movements at the off-campus sites. I have read the release and waiver and with intent of binding the Undersigned and the Participant, the Undersigned's respective heirs, legal representatives and assigns, the Undersigned do hereby agree to assume any and all responsibilities and obligations placed upon the Participant by the terms and conditions as stated in the release and waiver in conjunction with the Participant's participation in each activity. Additionally, the Undersigned expressly releases, indemnifies, and holds harmless The George Washington University, including the Corporation, its Trustees, faculty, employees, staff, and other agents of and against any and all liability and responsibility or injuries or damages caused to or incurred by any other person during, arising out of, or in any way associated, directly or indirectly, with the Participant's participation in each activity, whether the same shall arise by the negligence of any of said persons or otherwise.

Parent/Guardian Signature _____ Date _____

STUDENTS & PARENTS: Please complete and sign this form.

Release executed on _____, 2008, by _____
Date Your Name

for the benefit of The George Washington University.

I, the undersigned (the "Participant"), acknowledge that I am a participant in the Summer Scholars program offered by The George Washington University. I understand that each year, during the course of the Summer Scholars program, educational and recreational activities are offered to participants away from and on the George Washington University campus, some of which I may take advantage of at my option.

I am aware that some of the activities I may participate in may have risks associated with them, including risk of physical injury and property damage as well as other unknown hazards. I understand and agree that The George Washington University cannot be expected to control all of said risks. I acknowledge that each program activity is a voluntary exercise and that my participation is not required for successful completion of the Summer Scholars program. I further acknowledge that I have been advised that any decision not to participate in an activity will not have any impact on my evaluation or grade in the Summer Scholars program. Additionally, I acknowledge that my participation in each activity is subject to any and all rules, procedures, and regulations outlined for me by The George Washington University personnel and/or any other person(s) conducting, leading, and/or directing the activity.

In consideration of The George Washington University's permitting me to participate in the on and off-campus programs/activities of my choosing offered from 06/22/2008 to 07/02/2008, for each program activity in which I participate, I do hereby expressly and knowingly release, waive, relinquish and forever discharge The George Washington University, including the Corporation, its Trustees, faculty, employees, staff, and other agents from all liability and responsibility for any claim or cause of action for any personal injury, illness, accident, damage, wrongful death, expenses, or other loss caused, suffered, or incurred by me during, or arising out of, my participation in an activity (including but not limited to travel incident thereto), and from contribution or indemnification in respect to any claim made against me by any participant in each activity or any other person or entity during, or arising out of, my participation in each activity, wherever or however the same may occur and for whatever period said activities may continue.

Furthermore, I do hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against The George Washington University, including, but not limited to, its Board of Trustees, faculty, employees, staff, and other agents for any of said causes of action whether the same shall arise by negligence of any said person or otherwise. This release and waiver shall be binding on myself, my heirs, executors and administrators and assigns.

Further, I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and am confident that the individual so doing has read and/or translated the statements truthfully and in their entirety.

As of the date of this Release first written above, I am am not [please check the appropriate box] eighteen years of age or older.

This release and waiver has been executed on behalf of myself, my heirs and assigns, and has been made with full knowledge of possible risks involved. This instrument has been executed in and shall be interpreted according to the laws of the District of Columbia.

Student Signature _____ Date _____

Parent Signature (if student in not 18 years of age) _____ Date _____