

MIT Club Sports

Waiver Form

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, 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 Releasor's parent or guardian, if Releasor is under 18 years of age) to the Massachusetts Institute of Technology (MIT).

I, (Print Name) _____ fully recognize that there are dangers and risks to which I may be exposed by participating in and traveling to/from (Name of Activity or Sport) _____ (the "Activity").

I understand that MIT 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 in consideration of and return for the services, facilities, and other assistance provided to me by MIT, I agree to assume and take on myself all of the risks and responsibilities in any way associated with this Activity, and I release MIT, its employees, volunteers, and agents (the "Releasees") from any and all liability, claims, demands, damages, and actions, of every name and nature, that may arise from injury or harm to me, from this Activity, including, but not limited to, my death or damage to my property (the "Liabilities"). I understand that this Release covers liability, claims and actions caused entirely or in part by any negligent acts or failures to act by the Releasees. I acknowledge that I have adequate medical or health insurance to cover any medical assistance I may require while participating in the Activity. I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

I recognize this entire Release means I am giving up, among other things, rights to sue the Releasees for injuries, damages, or losses that I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

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 it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Releasor's Signature

Parent/Guardian's Signature if Releasor is under 18

Print Name

Print Name

Date

Date

MIT ID Number

Email: _____

Affiliation: (UG, Grad, Alumni, Fac/Staff/PostDoc, Spouse/Partner) _____

Emergency Contact _____ Relation _____ Phone _____

Medical Insurance Policy (Insurer and Policy No) _____