

**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**

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MIT Public Service Center  
77 Massachusetts Avenue  
Cambridge, MA 02139

Building 4-104  
(617) 253-2964  
(617) 253-; 579 Fax

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

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<sup>1</sup> which is attached to and incorporated in this Release (the "Activity"). As the undersigned Releasor, 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 for valuable consideration received, including assistance provided by MIT, 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 MIT 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.

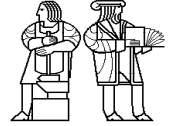
**I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.**

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Please return this form to the Rwdrlr"Ugtxlrg'Egpygt, 6/326.  
In case of questions or emergency, please contact j g'Rwdrlr"Ugtxlrg'Egpygt at 617-253-2964 during regular business hours or contact the Dean on Call at 617-253-1212.

\*\*\* This form must be returned to the PSC, 4-104 \*\*\*

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(617) 253-; 579 Fax

**THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.**

\_\_\_\_\_  
(Releasor's Signature)

\_\_\_\_\_  
(Parent's Signature, if Signatory is a minor)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**EXHIBIT A (Event organizer, please describe the nature of the activity)**

<sup>1</sup> The description of the Activity expressly includes any extensions of time, changes or modifications of the Activity, whether planned or not planned.

Please return this form to the Public Service Center, 4-104.  
In case of questions or emergency, please contact the Public Service Center at 617-253-0742 during regular business hours or contact the Dean on Call at 617-253-1212.

\*\*\* This form must be returned to the PSC, 4-104 \*\*\*