STUDENT LIABILITY RELEASE FORM

In consideration of the opportunity to participate in __________________________________________ (the “Program”), the undersigned hereby acknowledges and agrees as follows:

I acknowledge that activities conducted in the course of the Program may entail known or unanticipated risks which could cause harm to me or third parties or damage to property.

I certify that I have no medical or physical conditions which could interfere with my safety or the safety of others in connection with my participation in the Program, and I hereby assume and agree to bear the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University.

My participation in the Program is purely voluntary. I expressly accept and assume all risks associated with my participation in the Program.

I HEREBY AGREE TO RELEASE, DEFEND, INDEMNIFY HOLD HARMLESS, AND FOREVER DISCHARGE THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND, ITS ADMINISTRATORS, TRUSTEES, OFFICERS, FACULTY, STAFF, AGENTS AND OTHER REPRESENTATIVES (COLLECTIVELY, “THE UNIVERSITY”), ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTION WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPATION IN THE PROGRAM OR MY USE OF THE UNIVERSITY’S EQUIPMENT OR FACILITIES, REGARDLESS OF WHETHER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY NEGLIGENT ACTS OR OMISSIONS OF THE UNIVERSITY.

In the event that I file a lawsuit against the University, I agree to do so solely in the state of Louisiana and I further agree that the substantive law of Louisiana (without regard to its conflict of law provisions) shall apply in any such action. I agree that if any portion of this agreement is found to be void or unenforceable for any reason, the remaining portions shall remain in full force and effect.

I have read this Liability Release in its entirety; I understand it and I agree to be bound by its terms.

Signature: ___________________________  Dated: ___________________________

Printed Name: _______________________

SIGNATURE OF PARENT OR GUARDIAN
(Must be completed if participant is under age 18)

In consideration of the above signed minor’s opportunity to participate in the Program, I agree to release, indemnify and forever discharge the University from any and all claims, demands or causes of action brought by or on behalf of my child which in any way relate to or arise out of my child’s participation in the Program or my child’s use of the University’s equipment or facilities, including any such claims alleging negligent acts or omissions of the University.

Signature: ___________________________  Dated: ___________________________

Printed Name: _______________________