



## GEORGETOWN UNIVERSITY 2012 SUMMER AT GEORGETOWN

<b>STATEMENT OF RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL RELEASE FORM</b>
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### 1. Agreement to Participate

I agree to allow my child to participate in the Georgetown University Summer and Continuing Studies Program for High School Students (the Program). I understand that in connection with that Program, my child will be living in the Georgetown University Residence Halls and will be able to participate in social and educational activities (“Activities”) offered through the Office of Residence Life and the School of Continuing Studies. I understand that these Activities include, but are not limited to, educational activities, social activities, meals, recreational activities, activities on the campus of Georgetown University, and occasional field trips in or around the Washington DC area. Specific examples of occasional field trips may include going to a movie theater, a mini-golf outing, attending a baseball game, sightseeing trips to local destinations, etc. Some of these Activities may involve content that could make certain students uncomfortable (i.e., visiting a gross anatomy lab or viewing a graphic video). Students will be given the opportunity to opt out of any Activity that makes them uncomfortable.

**I agree to allow my child to participate in these Activities and affirm that my child’s participation is completely voluntary.**

I understand that there are risks inherent in the Activities my child will engage in as a participant of Program which may cause serious injury or even death. I also understand that, despite safety precautions, Georgetown University cannot guarantee that my child will not be injured. My child and I are willing to assume these risks. To minimize the risk, I have instructed my child to obey all the rules, regulations and instructions of the Program staff and to bring to the Program staff’s attention any potentially unsafe conditions or behavior.

I also acknowledge that my child may be leaving the campus of Georgetown University to attend/participate in some Activities off-campus, including local field trips to destinations in the Washington DC metropolitan area, and will be transported by either commercial transportation or the Program staff in Georgetown University owned or rented vehicles. I understand that travel and participation in these Activities involves risks. I understand that my child will have unsupervised time during the Program. I have investigated such matters to my satisfaction and am willing to accept these risks on my and my child’s behalf.

I understand that Georgetown University may, in its discretion, discontinue my child’s participation in the Program at any time.

### 2. Health and Safety

I have determined that there are no health related reasons or problems which preclude or restrict my child from participating in the Program. Should it be necessary for my child to have medical treatment while participating in Program events or Activities and I cannot be contacted, I hereby give the Program staff permission to use their professional judgment in obtaining medical services for my child. I also give permission to the physician selected by the Program staff to render medical

treatment deemed necessary and appropriate by the physician. I understand that the costs of medical care are my responsibility.

In consideration for permitting my child to participate in the Program, **I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

- **To assume full responsibility for any risks or loss, or personal injury, including death** that may be sustained by my child, or any loss or damage to property, as a result of participating in, or traveling to or from, programs sponsored by Georgetown University.
- **To release, waive, hold harmless, discharge and agree not to sue** Georgetown University, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as “releases”) from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child, while traveling to or from, or participating in Program activities, except to the extent that such claims are caused by Georgetown’s gross negligence or willful misconduct.

**I have read and understand the foregoing statements and I am in agreement with the terms and conditions therein.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Program \_\_\_\_\_