

# NJIT – 2019 First Year Service Day Release Form

## Acknowledgement and Assumption of Risk

The Department of Career Development Services at New Jersey Institute of Technology (“NJIT”) is organizing “First Year Community Service Day” (the “Event”), an one-day program for NJIT student volunteers (without pay or reimbursement of expenses) to give their time and participation in team projects at community organizations and recreation sites in the City of Newark.

In consideration of my participation in the Event and any activity or trip related thereto, I \_\_\_\_\_ hereby execute the following Acknowledgement, Assumption of Risk, and Release.

I understand and accept that participation in the Event may expose me to hazards or risks. Some of the dangers and risks to which I may be exposed include, but are not limited to:

- Mishaps and/or unpleasant activities.
- Transportation risks to and from the Event.
- Injuries related to physical activities and exertions.
- Injuries related to light building renovations and painting activities.

I further acknowledge that some or all of these risks may expose me to the danger of bodily harm, injury and even death. I choose to participate in the Event in spite of these risks and other unnamed risks which I acknowledge are inherent in the physical work and activities related to the Event. I accept and assume full responsibility for all these risks and acknowledge that I understand my responsibility in decision-making. I agree that I am knowingly and voluntarily assuming them.

I agree and/or represent that:

- I will be solely responsible for all costs related to my participation in the Event.
- I am expected to follow the directions of the Event supervisor and observe all applicable rules, regulations and/or laws.
- I will conduct myself in a safe and prudent manner.
- NJIT may take photographs and make other recordings of me during the Event and I consent to the use of my name and these photographs and recordings, without compensation, in any promotional materials and publications related to the educational activities of NJIT.
- I understand that if I do not comply with these rules or otherwise conduct myself in a responsible manner, NJIT may remove me from the Event.

I represent to NJIT that there are no health-related reasons or other problems of which I am aware that preclude or restrict me from participating in the Event and/or any physical work and activities related to the same and I hereby authorize NJIT to secure necessary emergency medical treatment in the event of injury or illness while I am participating in the Event at my own cost. I understand that NJIT will provide no health and/or accident insurance to me covering any injuries that I may suffer while participating in the Event.

I agree that I will obtain or currently have sufficient health insurance at my own cost to cover any injuries that I may suffer while participating in the Event and present proof of the same to NJIT prior to the same.

In consideration of NJIT allowing me to participate in the Event, for myself and my legal guardian or other representatives, I agree to indemnify and hold harmless NJIT, including its officers, employees and faculty, from and against any blame and liability for any inconvenience, injury, death, loss to person or property, or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Event or in transit to or from the Event.

This Acknowledgement, Assumption of Risk, and Release shall be governed by and construed under the laws of the State of New Jersey, without regard to its choice of law principals. I agree not to commence or prosecute any action in connection herewith other than in the state and/or federal courts of the State of New Jersey.

I and my Legal Guardian (if applicable) have read and understood all the provisions in this Acknowledgement, Assumption of Risk, and Release. I and my Legal Guardian (if applicable) agree to be bound by all terms of this Agreement, as indicated by our signatures below.

Date: **August 29, 2019**

Trip/Activity: **2019 First Year Service Day**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

(Parent/Guardian must sign for minor students)

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_