I ________________________________(parent or guardian’s name), am the parent or guardian of ___________________________________ (hereafter “child”), who is enrolling at an early college Program at Tufts University (hereafter, “University”), this summer called Tufts Summer Study (hereafter, “Program”).

1. I have read all policies and procedures related to Tufts Summer Study, and I grant permission to my child to enroll and participate in the Program.

2. I understand that there are risks to my child’s well-being while enrolled in the Program. These risks include, but are not limited to, emotional distress, illness, injury, death, property damage, and/or property loss.

3. I acknowledge that I am responsible for the transportation my child to and from the University campuses in Medford or Boston, Massachusetts, including (but not limited to) travel by public transportation, travel by use of an automobile owned by me or someone in my family, or riding in the automobile of another responsible adult over the age of 21 whom I designate to fulfill transportation needs.

4. I grant permission for my child to participate in personal or group fitness or sports-related activity at the University’s athletic facilities. I have disclosed known conditions that may prevent or limit my child from engaging in such activities. Because of the nature of such activity, a level of physical exertion may induce physical changes to my child, including increased heart rate, increased blood pressure, fainting, irregular heartbeat, heart attack, stroke, death, injuries, sprains, broken bones, torn ligaments and muscles, lacerations.

5. I grant permission for my child to consume food and drink at a University dining facility. I have disclosed any known food allergies to the appropriate University official(s), and understand that the University will take reasonable steps to accommodate my child’s food allergies by providing food and drink alternatives that will not induce an allergic reaction. I understand that the food and drink prepared for my child will be prepared in a kitchen in which nuts may be present.

6. I have considered the risks inherent in early college student, the risks presented to my child’s health and well-being, and her/her interest in furthering educational experiences by enrolling in the Program. I have concluded that the risks are acceptable and are outweighed by my child’s desire to enroll in the Program. I hereby VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY SUCH RISKS.

7. In consideration of the University permitting my child to participate in the Program, and I, to the fullest extent permitted by law, on behalf of myself, my child, my spouse, heirs, representatives, executors, administrators and assigns, AGREE TO AND DO FOREVER RELEASE, WAIVE, AND DISCHARGE TUFTS UNIVERSITY, ITS TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS,
ASSIGNS AND VOLUNTEERS (COLLECTIVELY REFERRED TO AS THE “RELEASEES”) FROM ANY CAUSE OF ACTION, CLAIMS, OR DEMANDS OF ANY NATURE WHATSOEVER, I or my child, my spouse, heirs, representatives, executors, administrators and assigns may now have or have in the future against the Releasees on account of personal injury, bodily injury, property damage, death or accident of any kind, including injuries sustained as a result of the negligence of Releasees, arising out of or in any way related to my child’s participation in the Program and its activities on and off the Tufts campus. I COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARLMLESS the Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way related to my child’s participation in the Program and its activities on and off the Tufts campus.

8. During my child’s participation in the Program, I hereby grant the University, its employees and agents the full authority to take whatever action they may consider necessary or warranted under the circumstances regarding the protection of my child’s health and safety. I hereby release them from any liability, claims, demands, lawsuits or causes of action of any kind or nature whatsoever resulting from any decisions, actions, or omissions. The authority granted in the preceding sentence shall include the right to place my child in a hospital or similar treatment facility, at my own expense, and without further consent.

9. My child will bear the responsibility of complying with all rules, policies, procedures, standards, and instructions related to student behavior and conduct promulgated by the University. He or she will avoid dangerous activities, inform others of his or her whereabouts, and follow the curfew and campus release rules of the Program. If my child violates these guidelines, I will participate in efforts to correct behaviors and/or I will facilitate the departure of my child from the Program if he or she is terminated, discontinued, withdrawn, suspended, or expelled.

10. I acknowledge that the University and Program have the right to make cancellations, substitutions, or changes to academic and developmental programming. Additionally, I understand that the Program’s tuition and fees are based on costs known at the time, are currently in force, and are subject to change. I agree to pay these charges when they are presented on a University invoice or website, or will instruct an approved sponsor or other funding source to pay. I acknowledge that the Program has a refund policy that affects the amount of tuition reduction and/or payment returned to me upon voluntary withdrawal from the Program and such policy is set forth at http://ase.tufts.edu/tuftssummerstudy/policy_withdrawal.asp. I further acknowledge that no refund will be made if my child is terminated, discontinued, withdrawn, suspended, or expelled from the Program.
11. All references to the University in this agreement shall include the trustees, officers, directors, staff members, campus directors, chaperons, group leaders, resident assistants, employees, agents and affiliates of Tufts University, as the case may be.

Non-Residential (Commuter) Program Parent/Guardian Consent & Liability Release Form, Page 3

Name of Student: ________________________________________________________

12. This Release shall be construed in accordance with the laws of the Commonwealth of Massachusetts and represents the final and exclusive agreement between the University and me on this subject.

CONSENT OF PARENT OR LEGAL GUARDIAN

I certify that I am the parent/legal guardian of __________________________ (name of student), that I have read the foregoing Parent/Guardian Release Form and I hereby agree to be bound by all of the obligations of the applicant thereunder as if I were a party thereto.

Signed on this _______ day of _______ in the year __________________

_________________________________________

Parent/Legal Guardian