



# RELEASE FORM

For and in consideration of being allowed to participate in \_\_\_\_\_ to take place on \_\_\_\_/\_\_\_\_/20\_\_\_\_, I, in full recognition and appreciation of the dangers and hazards involved in such activity, do hereby agree to assume all risks and responsibilities surrounding my participation in this event and do hereby release and hold harmless Benjamin Franklin Institute of Technology, its Trustees, Officers, Directors, Faculty and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death, which \_\_\_\_\_ (name of participant) may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of Benjamin Franklin Institute of Technology, of persons acting on its behalf or otherwise.

I understand that Benjamin Franklin Institute of Technology does not, in any manner, serve as principal, agent, or partner of any travel agent, commercial carrier or lodging establishment which may provide services or accommodations to the participants. I have read and understand this release and voluntarily sign this document and participate in this event.

**Please print legibly (block letters) and sign your name. Illegible forms will be rejected and returned.**

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date

\_\_\_\_\_  
Participant/ Student Printed Name

\_\_\_\_\_  
Participant/ Student Signature

I have read and understand this release and I voluntarily allow \_\_\_\_\_ (name of participant) to participate in this event.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian of Participant/Student less than 18 years of age

## CONSENT TO ADMISSION AND TREATMENT

Students must have proof of private insurance or student accident insurance to participate in co-curricular or extra-curricular activities or field trips away from Benjamin Franklin Institute of Technology.

\_\_\_\_\_  
Name of Insurance Carrier

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number

In the event of injury to the undersigned, born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ , I hereby authorize Benjamin Franklin Institute of Technology or representatives thereof to admit me to a facility for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release Benjamin Franklin Institute of Technology, its trustees, officers, faculty and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

Persons to contact in the event of as emergency are listed below.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date

\_\_\_\_\_  
Participant/ Student Printed Name

\_\_\_\_\_  
Participant/ Student Signature

*In the event of an emergency, please contact:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Phone