



## RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, voluntarily assume all risk of loss, damage, illness or injury to my person or property which I may sustain, and release Morgan State University, its officers, agents, and employees from any and all claims, demands, and causes of action on account of any loss or injury, which may occur during my participation in the optional, October 19, 2011, School of Computer, Mathematical and Natural Sciences High School Shadow Day in Baltimore, Maryland. I fully recognize that the activities associated with my participation in the field trip include but are not necessarily limited to:

Tours of the Morgan State University Campus, accompanying Morgan State University students to class, science labs, tutoring sessions, breakfast, lunch and other various functions.

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I am aware that there are risks associated with the event described above and that I may suffer bodily injury or property loss arising out of my participation in the event. However, I voluntarily choose to assume these risks and participate in the activities. I have read and executed (signed) this document with full knowledge of its significance. I further state that I am 18 years of age or older and competent to execute (sign) this affirmation and release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Signature of Parents of Participants Under 18 Years of Age

In consideration of my progeny's participation in the activity described above, I, parent of \_\_\_\_\_, hereby agree to indemnify and hold harmless Morgan State University, its officers, agents, and employees from any and all claims, demands, and causes of action on account of any loss or injury, which said progeny may assert against said University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date