ASSUMPTION OF RISK AND RELEASE

The undersigned agrees to provide this Assumption of Risk and Release in consideration for his/her child’s voluntary participation in the Temple University Girls and Mathematics Summer Program (“the Program”) on July 7, July 8, July 9, July 10, and July 11, 2014 undertaken by Temple University-Of The Commonwealth System of Higher Education (“Temple”).

The undersigned understands that his/ her child’s participation in the Program involves the following potential risks including, but not limited to, loss/theft/damage to personal items, risk of slips/trips/falls, and negligent acts of others that may result in injury or even death.

Intending to be legally bound hereby, the undersigned, for himself/herself, as well as his/her minor child(ren), assigns and legal representatives, hereby expressly agree to:

1. Release, discharge and agree not to sue Temple and all its successors, assigns, affiliates, officers, trustees, employees and agents from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney’s fees including all claims arising out of any incidents involving personal injury in any way by reason of participation in the Program;

2. Assume any and all risks arising from his/her participation in the voluntary Program named above, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.

3. Indemnify, defend and hold Temple harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned.

The undersigned expressly acknowledges that he/she has read and understands this Assumption of Risk and Release and signs it freely and voluntarily.

Minor Participant Name

Printed: ____________________________

Parent or Guardian

Printed: ____________________________

Signature: ____________________________

Date: ____________________________