

SALEM STATE UNIVERSITY
ASSUMPTION OF RISK, RELEASE, and INDEMNIFICATION

I, the undersigned, on behalf of my child, do voluntarily assume sole and full responsibility for all risks (including personal injury, accident, death, or property damage or loss) arising out of my child's residence at Salem State University and/or participation in an activity/program on campus. I voluntarily release, waive, and discharge the Commonwealth of Massachusetts, Massachusetts State Building Authority, and Salem State University, and all respective trustees, officers, faculty, employees, and agents from any and all liability, claims, actions, damages, injury, loss, or liability arising out of my child's residence at Salem State University and/or participation in an activity/program on campus. I further agree to indemnify the Commonwealth of Massachusetts, Massachusetts State Building Authority and Salem State University, and all respective trustees, officers, faculty, employees, and agents and save them harmless from any and all claims, actions, damages, injury, loss, or liability arising in any way from my child's participation in arising out of my child's residence at Salem State University and/or participation in an activity/program on campus.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Name of Child

Name of Program