

FOXWOODS RELEASE AND INDEMNIFICATION AGREEMENT

Date: _____

I, _____ of _____,
(name of participant) (address)

in consideration of my participation in the Foxwoods trip sponsored by the BU Law Student Government Association ("SGA") at Ledyard, Connecticut, which is to start on Friday, February 15, 2013 and end on Saturday, February 16, 2013, do hereby, along with my administrators, executors, heirs and assigns, release and forever discharge Boston University and its trustees, officers, agents and employees (collectively, the "University"), and the SGA, including its individual members, from any claims, demands, actions and cause of action of every name and nature I now have or may ever have arising out of my participation in this program and travel to and from the program.

I understand that the University gives no assurances or warranties whatsoever as to the safety of the participants in this program.

I further acknowledge that I am aware of the risks to me of injury, property damage or loss, or even death entailed in my participation in this program. I do fully and completely assume all risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this program. I, along with my administrators, executors, heirs and assigns, further agree to indemnify and hold the University, its employees and the SGA, including its individual members, harmless as to all expenses, losses, claims, causes of action or damage arising out of my participation in this program and related travel, including any attorney's fees and court costs arising from the same.

I have read and undersigned this document, and am signing it on my own free will in order to gain participation to participate in this program.

(participant's signature) (date)

Due to the nature of the aforementioned activity, the University requires that you list below the insurance company name and policy number of the coverage you or your parents currently hold insuring your loss due to illness or accident.

Insurance Policy: _____

Policy Number: _____

In case of accident due to serious illness or injury, I hereby authorize Boston University and its representatives to contact the person(s) listed below (PLEASE PROVIDE AT LEAST TWO):

1.) Name: _____ Telephone: _____

2.) Name: _____ Telephone: _____

3.) Name: _____ Telephone: _____

According to the best of my knowledge, the aforementioned information is correct and true, and I realize that any incorrect or erroneous information provided is my responsibility.

(name of participant) (BU ID or SSN)

(campus/local address)

(local telephone #) (date)