

**BRONX COMMUNITY COLLEGE  
THE CITY UNIVERSITY OF NEW YORK**

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**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (“Release”)  
FOR ADULTS (18 YEARS AND OLDER)**

1. I, the undersigned participant, voluntarily request to participate in:

ACTIVITY: Historically Black Colleges & Universities Tour, Morgan State University & Coppin State University

FROM: April 21<sup>st</sup>, 2023 5:15AM TO: April 21<sup>st</sup>, 2023 10:00PM

SPONSORED BY: Bronx Community College

ACTIVITY COORDINATOR(S): Alex Luma & Eugene Adams

all of which are hereinafter referred to as the “activity.”

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before signing this document and before the activity begins. I hereby covenant not to sue, and to release and discharge Bronx Community College, The City University of New York, the Board of Trustees of The City University of New York, the State of New York, the City of New York, and all of their respective officers, servants, agents, or employees (hereinafter referred to as “Releasees”) from any and all liabilities, claims, demands, actions and or injury (including death) to me and/or others, or to any property belonging to me and/or others, whether caused by the negligence of the Releasees or otherwise, while traveling to or from, or participating in, the Program, or while in, on upon or near the premises where the Program is being conducted.

2. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including court costs and attorneys’ fees, that they may incur due to my participation in the Program, whether caused by negligence of the Releasees or otherwise.

3. I hereby voluntarily elect to participate in the Program. I am fully aware of – and voluntarily assume – the risks and hazards connected with the Program.

4. It is my express intent that this Release shall bind my heirs, assigns and personal representatives.

5. I hereby agree that this Release shall be construed in accordance with the laws of the State of New York.

In signing this Release, I acknowledge and represent that I have read it in its entirety, understand it and voluntarily sign it as my own inducements not contained herein have been made to me by any of the Releasees; that I am at least eighteen (18) years of age and fully competent; and that I execute this Release fully intending to be bound by same.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Sign Name**

\_\_\_\_\_  
**Date**

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Witness**

EMERGENCY CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_