



**NYU**

**SCHOOL OF  
PROFESSIONAL STUDIES**

**High School Academy**  
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**NYUSPS High School Academy  
ACKNOWLEDGMENT OF RISK AND RELEASE AND WAIVER OF LIABILITY FORM**

As parent or legal guardian of the child whose name appears below, I acknowledge that there are certain risks inherent in my child’s participation in the High School (HS) Academy, at NYU-SPS, which will take place during Summer 2017. These risks include, without limitation, risks associated with travel to, from, and in and around New York City and my child’s participation in supervised and unsupervised activities while at the HS Academy. I also acknowledge that any questions I or my child have about activities or travel related to the HS Academy can be addressed to representatives of New York University (the “University”). I agree that I will inform an appropriate representative of the University of any special information regarding the health, or physical or mental condition of my child that may be relevant to my child’s participation in the HS Academy.

In consideration for permitting my child to participate in the HS Academy, I hereby agree:

(a) to release and discharge the University from any liability or responsibility for any personal or bodily injury (including death), and for any damage to or loss of property, however caused, that my child or I suffer as a result of or in connection with my child’s participation in the HS Academy or any travel related to the HS Academy, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or staff or other employees, agents or servants of the University; and

(b) not to raise any claim or institute any legal action or proceeding, on my behalf or on behalf of my child, against the University for any cause of action that may result from or arise out of or in connection with my child’s participation in the HS Academy or any travel related to the HS Academy, for any personal or bodily injury (including death) to my child, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or staff or other employees, agents or servants of the University.

All references to the University in this form will include, and all provisions of this form will inure to the benefit of, the University’s trustees, officers, employees, agents, servants, and representatives.

This acknowledgment of risk and release and waiver of liability are governed by and will be construed in accordance with the laws of the State of New York without regard to principles of conflicts of law. I agree that I will submit to the exclusive jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of all disputes arising hereunder or relating hereto, regardless of the place of execution of this form.

\_\_\_\_\_  
Student Name (*print name*)

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Parent/Legal Guardian (*print name*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (*signature*)  
(*to electronically sign in Adobe, select Sign in above toolbar*)

\_\_\_\_\_  
Date