

**RELEASE OF LIABILITY, ASSUMPTION OF RISK, HOLD HARMLESS,  
AGREEMENT TO IDEMNIFY AND NOT TO SUE FOR MINORS  
PARTICIPATING IN THE STANFORD SUMMER PROGRAMS**

I hereby give my consent for the below named minor to participate in

\_\_\_\_\_ at Stanford University during the 2008 Summer  
("Stanford Summer Program").

Individually, and as parent or legal guardian of the minor ("I"), I understand that the minor's participation in the Adventure involves potential personal and property risks. Injuries may be serious or minor, including but not limited to: head or neck injuries, loss of sight, broken bones, brain damage, paralysis and death.

I hereby certify that I know the minor's state of health and well-being and that the minor is physically fit to participate and has/will have health insurance while participating in the Adventure.

I expressly understand and agree that the minor agrees to abide by all policies, rules and regulations of the Adventure.

I expressly assume any and all risks of injury and/or death associated with, arising out of or related to the minor's participation in the Adventure at Stanford University. I expressly understand that the Adventure assumes no responsibility for the minors' negligence or willful misconduct, or that of others.

Recognizing and understanding the potential risks of injury, I agree not to sue and to defend, indemnify and hold harmless Board of Trustees of the Leland Stanford Junior University, their officers, trustees, faculty, agents, representatives, volunteers, students, and employees ("Stanford") for any loss, damage or injury associated with, arising out of or related to the minor's participation in the Adventure regardless of cause, including negligence.

I hereby release and discharge Stanford, who through negligence or carelessness, might otherwise be liable to me, the minor, our heirs, personal representatives, relatives or assigns from all liability associated with, arising out of, or related to the minor's participation in the Adventure including all liabilities associated with and any and all claims that may be filed on behalf of or for the named minor.

I agree that this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue is to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of it is held invalid it is agreed that the balance shall continue in full force and effect.

I understand that by signing this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue, is legally binding on me, the minor, our heirs, personal representatives, relatives and assigns and that I am giving up both my and the minor's legal

rights and remedies which otherwise would be available to me and/or the minor, our heirs, personal representatives, relatives or assigns against Stanford.

I have carefully read this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue and fully understand it. I have explained the significance of this release or liability, assumption of risk, agreement to indemnify and not to sue to the minor.

**I am of legal age and voluntarily sign this release of liability, assumption of risk, hold harmless, agreement to indemnify and not sue.**

Please initial to indicate whether you are the parent or legal guardian of the minor.

(\_\_\_\_) Parent            (\_\_\_\_) Legal Guardian

\_\_\_\_\_  
Print Minor's Name

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Address

(\_\_\_\_) \_\_\_\_\_  
Telephone Number

Date: \_\_\_\_\_