Massachusetts Institute of Technology
Educational Studies Program
84 Massachusetts Avenue, Room W20-467
Cambridge, MA 02139

phone: (617) 253-4882
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Liability and Recordings Release, Waiver, Discharge and Covenant Not to Sue

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the Massachusetts Institute of Technology ("MIT").

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the program as described on the attached parental consent form (the "Program"). I acknowledge that I am responsible for my own transportation to/from the Program unless otherwise stated in the consent form. As the undersigned Releasor, I understand that MIT does not require me to participate in this Program, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by MIT, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Program, and I release MIT and all of its affiliates, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, volunteers, agents, administrators, assigns, and contractors (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Program, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), unless caused by the reckless endangerment or willful misconduct of Releasees, and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. **I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.**

Recordings Release
I grant the MIT Educational Studies Program ("ESP"), and Learning Unlimited, Inc. ("Learning Unlimited"), located at 527 Franklin Street, Cambridge, MA, U.S.A., the perpetual, non-exclusive, royalty-free right and license to:

1. Record my participation and appearance on digital or film photography, video tape, audio tape, or any other medium (collectively, the Recordings) during Summer HSSP 2018.
2. Use my name (or any fictional name), likeness, voice and biographical material in connection with these Recordings to be used only in or for ESP and/or Learning Unlimited written, electronic, and web publications (the "Purpose").
3. Reproduce, distribute, publicly display and/or publicly perform, in print, electronic or any other medium, copies of the Recordings, in whole or in part. Grantor represents that s/he possesses all rights necessary to grant this permission for the Purpose.
4. I agree to release MIT and Learning Unlimited and their respective trustees, officers, employees, students and agents from any liability to me, and on behalf of my heirs, executors, administrators, legal representatives and assigns, based upon or arising out of use of my child's name, likeness or voice, or the Recordings.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

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This is a release of your rights. Read carefully and understand before signing.

Releasor's Signature	Parent's Signature, if Signatory is a minor
Print Name	Print Name
Date	Date

Parental Consent Form

Medical and emergency contact information provided separately and maintained electronically for ease of access.

I am not aware of any medical condition(s) which would interfere with my child's participation in this program and I grant permission for my child to participate in Summer HSSP 2018 (the "Program", as further described below), for the following date(s) or period of time: Saturdays from June 30 to August 11.

Additionally, in case of emergency and I/we cannot be reached, I, the undersigned parent/legal guardian of the above-named child, do hereby authorize the MIT Program representatives to seek medical attention deemed necessary, by qualified medical personnel, during the entire time that my child is participating in this Program. I/we understand that I/we will be responsible for any medical charges incurred in the treatment of my child, in the case of an emergency, that are not covered by my family's health insurance.

Signature of Student	Signature of Parent or Guardian
Date	Date

Program: Summer HSSP 2018 is a project of the MIT Educational Studies Program, an MIT student group. Summer HSSP offers noncredit enrichment courses to students in grades 7 - 12 on Saturdays from June 30 to August 11.