MIT Museum

Liability 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, trip or other activity described below (the “Activity”). As the undersigned Releasor, I understand that MIT does not require me to participate in this Activity, 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 activity, 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, 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 Activity, including any injury or harm to me, my death, or damage to my property (collectively “Liabilities”), 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.

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.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

(Releasor’s Signature)          (Date)          (Parent’s Signature, if Signatory is minor)        (Date)

(Print Name)                   (Print Name)

ACTIVITY

Cambridge Science Festival workshops at the MIT Museum: Hands-on experiments, demonstrations, and lecture. Please check off the workshop(s) you are participating.

___ Magic of Chemistry Workshop (Sat 4/14/18)
___ Youth Gamelan Music Workshop (Sat 4/14/18)
___ Girl-Powered Smart Devices Workshop (Sat 4/14/18)
___ Quantum Dots Workshop (Mon 4/16/18)
___ Become a Data Wizard! Workshop (Wed 4/18/18)
___ 3D Printing and Design Workshop (Thur 4/19/18)
___ Synthetic Biology for the Real World (Sat 4/21/18 & Sun 4/22/18)
MIT Museum
Medical & Emergency Contact/Parental Consent Form

MIT Museum Workshop Name: ___________________________ Workshop Date(s): ____________

Student Name: ________________________________

(Last) (First) (M.I.)

Student’s Date of Birth: ____________

*Student’s Physician: ________________________________

(Name) (Telephone)

*Health Insurance: ________________________________

(Name) (Policy Number)

History of significant health problems: ___________________________________________________

__________________________________________________________________________________

Allergies to medications or foods: ______________________________________________________

__________________________________________________________________________________

List any medications student will/may be taking during the program: _______________________________

__________________________________________________________________________________

In case of an injury, I grant permission for ____________________________ to receive medical attention
deemed necessary, by qualified medical personnel, during the entire time that he or she (listed within) is participating in
the MIT Museum workshop.

We will take reasonable steps to notify you in the event of an accident or injury, which may require emergency care. If
you cannot be contacted, permission is granted to MIT staff to seek medical attention for my child. All financial
responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent
or guardian.

(Signature of Parent or Guardian) (Date)

OTHER EMERGENCY CONTACT

Name: ___________________________

Phone: (___) ____________________

Day Phone: (___) __________________

Evening Phone: (___) ________________

Cell Phone: (___) __________________ Email: ________________________________

Photo Release Form

I grant the MIT Museum 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 the MIT Museum workshop.

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 MIT Museum written, electronic, and web publications (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 he or she possesses all rights necessary to grant this permission for and in
connection with the Purpose.

This grant of rights is made voluntarily by me. I further agree to release and forever discharge MIT Museum, its agents, employees,
and designated representatives, from any and all claims in law or equity that I, my heirs or personal representatives, have or shall
have, arising out of Recordings. This release is governed in accordance with the laws of the Commonwealth of Massachusetts.

(Student Name – not legally binding if under 18) (Signature of Guardian, if student is under 18)

* Information not required but strongly suggested