

**PACE UNIVERSITY  
RELEASE, CONSENT AND WAIVER**

861 Bedford Road  
Pleasantville, NY 10570

Name of Participant (Please Print) \_\_\_\_\_

residing at \_\_\_\_\_

Address

In consideration of the above named person being permitted to participate in the Honors Overnight Program in the **Residence Hall ("Event") on the Westchester campus**, sponsored by Pace University ("Pace"), taking place on **Sunday, March 8, 2015; Monday, March 9, 2015**, the undersigned agrees to assume all the risks and responsibilities surrounding such participation or any activities, including transportation, undertaken as an adjunct thereto; and further, for myself, my heirs and personal representatives, agrees to defend, hold harmless, indemnify and release forever, and forever discharge Pace University and all its officers, agents and employees from and against any and all claims, demands and actions or causes of action, on account of damage to personal property, or personal injury, or death which may result from the aforesaid participation and related transportation activities. Further, it is hereby certified that the above-named Participant has no medical or psychological conditions which would preclude such participation. I authorize Pace through their authorized agents to secure for the participant any necessary emergency medical treatment.

IN WITNESS WHEREOF, I have caused this Release to be executed this \_\_\_\_\_  
day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Participant's Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if Participant is under age 18)

Parent/Guardian's Name (Please print) \_\_\_\_\_

Name and phone number to call in case of emergency:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone