INFORMED CONSENT AND RELEASE FORM  
Summer Programs for High School Students at Northeastern (2-week programs)  

I __________________________ hereby agree and grant permission for my son/daughter/ward  
(Parent/Guardian Print Name)  

____________________________________  
(Print Participant’s Name)  

to participate in the Summer Programs for High School Students, located at Northeastern University from  
June 29, 2014 to July 11, 2014. I understand that his/her participation in the Summer Programs for High  
School Students will include access to the University’s athletic facilities. Such athletic facility access will  
allow him/her to participate in group or personalized fitness programs for an additional fee. I understand  
and agree that use of the athletic facilities and participation in fitness programs is voluntary and that such  
use or participation presents risks of injury.  

Specific Risks  
Because of the nature of the activity involved and because of the nature of the assessment component of the  
personal fitness programs, a level of exertion is involved that may cause temporary physical changes which  
will increase heart rate and raise blood pressure. With intense physical activity there exists a risk of  
abnormal responses, which include fainting, irregular, fast or slow heart rhythm, and in rare instances heart  
attack, stroke and death. Intense physical activity also poses a potential for physical injury such as sprains,  
broken bones, torn muscles and lacerations. (Questions about specific risks can be directed to Campus  
Recreation at 617-373-7894 or you may direct questions to your primary care physician.)  

Confidentiality of Information  
I understand that any information derived from such assessments by University staff will be kept  
confidential.  

Emergency Medical Treatment  
In the event of illness or injury to the participant, I express consent to the administration of emergency  
medical care to him/her, if in the opinion of attending medical personnel, such action is advisable.  

Release of Liability  
I willfully accept these risks for my son/daughter/ward and realize that the Participant may withdraw from  
participation in such activity at any time. I do forever release, acquit, discharge, and covenant to hold  
harmless Northeastern University, its corporators, trustees, agents, employees, students and representatives  
from any and all actions, causes of action and claims on account of, or in any way arising out of, directly or  
indirectly, all known or unknown personal injuries or property damage which I or I as the parent/guardian  
of said minor participant may now have or may hereafter have, and also all claims or right of action for  
damages which Participant has or hereafter may acquire, either before or after he/she has reached his/her  
majority resulting from or arising in any way from his/her participation in the program.  

Consent  
I have read this informed Consent and Release Form and understand the terms. I have been afforded the  
opportunity to review it with an attorney. I have also been afforded the opportunity to ask questions about  
the activities and their risks. My questions have all been answered to my satisfaction. I sign it voluntarily  
and with full knowledge of its significance. I represent and certify that I have legal authority to act on  
behalf of and contractually bind Participant.  

Parent/Guardian Name (please print) ____________________________ Relationship _________________  

Parent/Guardian Signature ______________________________________ Date _____________