

ASSUMPTION OF RISK AND RELEASE OF CLAIMS
STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA

Name _____ **ID#** _____

Address _____

Telephone _____ **Date of Birth** _____

I fully realize that the activities carried on at the Biological Field Station (BFS) including field trips and research activities involving the use of a campus barge or boat involve intrinsic dangers that are not foreseeable and that bodily injury or death could result from participation in these activities.

I hereby completely assume all risks attached to the activities of this program as described in the attached outline, and I do clearly and irrevocably declare that every act that I might do in participating in such activities is done of my own free will.

I further agree to hold harmless the State of New York, S U N Y @ Oneonta and the College at Oneonta Foundation Corporation and the BFS, their officers, directors, agents, employees, instructors and associates arising by reason of my participation in this program.

I hereby declare that I have completely read, fully understood and voluntarily accept the terms of this statement.

Date _____ **Signature** _____
of Participant



I am the parent (guardian) of the aforementioned child who wishes to participate in the above program. It is my intention by this statement to allow my child to participate in the program described in the attached outline, and that I further agree to assume the risk for all injuries suffered by my child as a result of participation in said program.

I also agree to indemnify the State of New York, SUNY at Oneonta, the Oneonta Foundation Corporation, the BFS, and their officers, directors, agents, employees, instructors, and associates for all causes of action commenced by third persons against the State University of New York which allege property damage, injury or death arising from the acts of my child, whether negligent, malicious or intentional.

I have read and understand the foregoing statement and sign it voluntarily with knowledge of its meaning and content.

Date _____ **Signature** _____
of Parent or Guardian