

Assumption University

ASSUMPTION OF RISK AND GENERAL RELEASE FORM “GATEWAY TO CYBER” SUMMER CAMP PROGRAM

PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____ Date of Birth: _____

I have chosen voluntarily to participate in Assumption University’s “Gateway to Cyber” Summer Camp Program (the “Program”) from July 13 – July 17, 2026. I hereby acknowledge and agree to the following:

1. Risks Associated with Participation in the Program. I understand that there are risks associated with participating in the Program, including, without limitation, risks related to use of Assumption University facilities, risks to personal safety, and risks of property damage. I recognize that these potential risks include, for example, illnesses, injuries and even death. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft.

I understand that Assumption University does not represent or act as an agent for and cannot control the acts or omissions of and transportation carrier, vendor, tour organizer or other provider of food, goods, or services involved in the Program. I understand that Assumption University is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances to which I will be exposed while participating in the Program.

I participate in the Program voluntarily and shall assume all dangers, hazards, and risks, both foreseen and unforeseen, inherent in or arising out of participation in the Program. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

2. Risks Associated with the COVID-19 Pandemic. I understand that, because of the COVID-19 pandemic (“COVID-19”), local and national governments have enacted or may enact border, travel, and stay-at-home restrictions, and that the trajectory of the virus at the local, national, and international levels is unpredictable. Moreover, health care systems in many countries either are overwhelmed or are at risk of becoming overwhelmed by future COVID-19 cases. I confirm that I am in compliance with Assumption University’s COVID-19 vaccination and booster recommendations, as set forth on the University’s website (<https://www.assumption.edu/news-and-events/news/covid-19-coronavirus-precautions>) and with any other public health measures required by Assumption University, and that I will comply with all applicable requirements of any national, state, or local government, including masking and testing. I understand that all activities I undertake as part of the Program must comply with all national, state, and local travel restrictions, self-isolation/quarantine requirements, and lockdown orders. I agree to abide by all of these, even

if they prevent me from conducting activities that may have been planned as part of the Program. In addition to the other risks described in this form, I recognize that my participation in the Program means I may be subjected to potential risks, illnesses, injuries, and even death as a result either of contracting COVID-19 or of any actions or omissions of governments, private entities, or other parties with respect to COVID-19. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

3. Health Insurance; Medical Care; Health and Safety Concerns. I understand that I am responsible for obtaining any required and/or recommended immunizations before attending the Program. I carry valid and current medical insurance and determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Program. I will be solely responsible for payment in full of all costs of medical care I may receive while attending the Program. I understand and agree that if, during my participation in the Program, Assumption University learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the University will contact my parents or any other person whose name I have provided as my “emergency contact.”

4. Standards of Conduct. I recognize that I have an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with all of Assumption University’s policies and guidance with respect to the COVID-19 pandemic; and with Assumption University’s policies as set forth in any Program-specific materials. I will become informed of, and will abide by, all such laws, regulations, standards and policies, including without limitation those involving the use and sale of drugs and alcohol, and promise to act responsibly and with respect for persons and property. I will participate fully in all Program components, and will refrain from conduct that is improper, offensive, or otherwise inappropriate for the Program or that is potentially detrimental to my own or others’ health or safety. Examples of such conduct include, but are not limited to, disorderly behavior, sexual harassment or misconduct, the use of drugs, or alcohol consumption. I understand that if at any time during the duration of the Program I fail to honor this agreement, then Assumption University, in its sole discretion, immediately dismiss or withdraw me from the Program.

5. Field Trips Off-Campus. I understand that participation in the Program involves field trips to various off-campus locations, such as museums and sporting venues, which involve risks not found in an on-campus environment (the “Field Trip”). These include, without limitation, risks involved in traveling to, from, and within the Field Trip destination, as well as risks generated by the activities in which I engage while on the Field Trip. I recognize that these potential risks include, for example, illnesses, injuries and even death. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I understand that, although Assumption University has organized the Field Trip, it cannot eliminate all risks or guarantee my safety while I am participating in the Field Trip. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

6. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Assumption University, and its officers, Board of Trustees, founding

religious Order, members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs, and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the Program, resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties.

I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which will be the forum for any lawsuits filed under or incident to this agreement or the Program.

If the participant listed above is over 18:

I CERTIFY THAT I AM AGE 18 OR OLDER. I HAVE CAREFULLY READ THE ABOVE ACKNOWLEDGEMENT OF RISK, RELEASE AND INDEMNIFICATION OF CLAIMS, AND UNDERSTAND THEIR CONTENTS, AND VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT. BY SIGNING THIS AGREEMENT, I AGREE TO ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN.

Signed: _____ Date: _____

Participant Name (print): _____

Participant Cell Phone #: _____

If the participant listed above is a minor:

I, THE UNDERSIGNED PARENT/GUARDIAN OF THE MINOR PARTICIPANT LISTED ABOVE (THE "PARTICIPANT"), HAVE CAREFULLY READ THE ABOVE ACKNOWLEDGEMENT OF RISK, RELEASE AND INDEMNIFICATION OF CLAIMS, AND UNDERSTAND THEIR CONTENTS, AND VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT ON BEHALF OF MYSELF AND THE PARTICIPANT. BY SIGNING THIS AGREEMENT, I AGREE TO ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN.

Signed: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Cell Phone #: _____

Participant Name (print): _____

Participant Cell Phone #: _____

EMERGENCY CONTACT INFORMATION:

Primary:

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

E-Mail Address(es): _____

Secondary/Additional:

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

E-Mail Address(es): _____