



# American University Summer Housing Release Agreement

Conference Group Name: **Summer Transition Enrichment Program**  
Summer Conference Dates: June 20 to August 6, 2010

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a participant in the STEP Program,\* (the "Activity") to be held on the campus and the facilities owned and/or operated by American University (the "University") on the dates indicated above. In consideration of permitting me to participate in the Activity at the University, and on behalf of myself, my heirs, executors, administrators, successors, or assigns, I release the University, its trustees, officers, employees, and agents from any and all liability, claims, demands, actions, and courses of action for any injury, death or other loss to me or my personal property arising out of or related to my participation in the Activity.

I understand that I must abide by the code of conduct and all rules and regulations of American University. I will conduct myself in a safe and prudent manner while participating in the Activity.

Further, I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the Activity.

\* The Activity includes fieldtrips throughout the Washington, DC area. Such trips are also covered under this release agreement.

**I HAVE READ, AND AGREE TO BE BOUND BY THE TERMS OF THIS RELEASE AGREEMENT AS INDICATED BY MY SIGNATURE BELOW.**

\_\_\_\_\_  
**Parent or Guardian Signature**

*Must be signed by parent or guardian  
if participant is a minor (under 18).*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**