

NJIT VOLUNTARY STUDENT RESEARCH
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK

In consideration for being permitted to participate in voluntary research taking place at New Jersey Institute of Technology campus facilities, I, on behalf of myself and my next of kin, heirs and representatives, **release from all liability and promise not to sue** New Jersey Institute of Technology, and its employees, officers, directors, volunteers and agents (collectively "NJIT") from any and all claims, **including claims of NJIT's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in the research, including travel to, from and during my use of the facility.

I am voluntarily participating in this/her research endeavor. I understand that my participation in the research endeavor and/or any project or activity affiliated with the research endeavor may include activities that may be hazardous to me., I am aware of the risks associated with traveling to/from and participating in this/her research endeavor, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the research endeavor location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this/her research endeavor, including travel to, from and during the research endeavor.**

I agree to **hold NJIT harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this/her research endeavor, including travel to, from and during the research endeavor. I am aware and understand that I should carry my own health insurance. In case of any medical emergency, I will be taken to the nearest medical facility. I understand that I will be responsible for providing legal health care and insurance coverage for any treatment deemed necessary.

I hereby freely and irrevocably grant to NJIT and its authorized employees and agents, the absolute right and permission to copy, exhibit, copyright, use, take, distribute and/or publish my photographic likeness, name, voice, and/or image made in relation to my participation in the research endeavor in photographs, video and in any and all other media, in which I may be included in whole or in part, or in composite form in conjunction with my name and other identifying information, or reproductions thereof in color or otherwise, made through any media for art, print, web, advertising, film, telecast or any other lawful purpose whatsoever. I also grant NJIT the same right and permission to use written or verbal statements or testimonials made by me. It is understood that no compensation has been paid and that no fee or compensation shall be due to me for my giving permission for use of my photographic image, likeness, name, or voice.

I hereby acknowledge that participation in the research endeavor constitutes a learning experience for which I will receive no monetary or other compensation from NJIT. I also acknowledge that NJIT may suspend and immediately remove me from the research endeavor if my performance is unacceptable in reference to NJIT's policies and procedures or my conduct is disruptive or threatening to NJIT, its employees, faculty, students and campus community, within the sole judgment of NJIT.

I expressly understand and agree this/her Release is intended to be as broad as permitted by law and that this/her Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. By signing below, I acknowledge that I have carefully read and understand this/her release, and agree to its provisions.

Participant Signature: _____

Participant Name (print): _____ Date: _____

Participant's Date of Birth: _____