

Guardian's Authorization of Minor Student To Execute Program Deviation Waiver

My N.U.*in* Participant, ______, will be under the age of 18 for all or a portion of the N.U.*in* program. By signing this authorization, I hereby grant to my child the authority to sign the attached "Acknowledgement of Risk and Informed Consent for Program Deviation" (the "Program Deviation Form") during the program.

I hereby certify the following:

I am the legal guardian of ______, having the right to grant to him/her the authority to enter into the aforementioned and attached Program Deviation Form.

I have read and understand the terms of the Program Deviation Form.

I understand that by signing this Guardian Authorization form, my N.U.*in* Participant will be legally permitted to waive certain rights and assume certain risks, as detailed on the Program Deviation Form, without further additional approval or consent from me.

I understand that I may revoke this authorization at any time by contacting N.U.*in* by phone: 617-373-6447 or by email: nuin@neu.edu. However, any revocation will only be effective going forward from the date of such revocation and will not terminate or otherwise alter Program Deviation Forms entered into by my N.U.*in* participant prior to the date of revocation of this Authorization.

I understand that Northeastern University does not recommend deviation from the planned itineraries for N.U.*in* programs, and credit may not be granted in the event of any deviation from the planned itinerary for which my N.U.*in* Participant does not execute the attached Program Deviation Waive.

I hereby agree to the following:

I HEREBY RELEASE NORTHEASTERN UNIVERSITY AND FOREVER WAIVE MY RIGHTS TO SUE OR OTHERWISE MAKE LEGAL CLAIMS AGAINST NORTHEASTERN UNIVERSITY, ITS EMPLOYEES, OFFICERS, AGENTS AND REPRESENTATIVES FOR ANY DAMAGES ARISING FROM OR RELATED TO THIS AUTHORIZATION OR MY N.U.IN PARTICIPANT'S DEVATION FROM THE PLANNED ITINERARY. THIS RELEASE AND ONLY THIS RELEASE SHALL SURVIVE BEYOND ANY REVOCATION OF THIS AUTHORIZATION.

I certify that I have read this GUARDIAN'S AUTHORIZATION OF MINOR STUDENT TO EXECUTE A DEVIATION WAIVER and understand and agree to its terms:

Signature:

Date:_____

Acknowledgement of Risk and Informed Consent For Program Deviation

I am participating in a program, N.U. *in*, offered by Northeastern University. I desire to deviate from the established itinerary for this program. I understand that the proposed deviation is something I am doing on my own, and that by making the decision to deviate from the planned itinerary, I am assuming risks on my own. I acknowledge that Northeastern University has recommended to me that I not deviate from the planned itinerary, and that any deviation may result in a loss of credit(s) for the program. I further acknowledge that Northeastern University has advised me that by deviating from the planned itinerary, the University will be unable to provide with me any support, and that there are various and potentially unforeseen risks that I must now assume on my own.

By executing this Acknowledgement of Risk and Informed Consent, I voluntarily assume the risks associated with my deviation from the planned itinerary and release Northeastern University from any obligation to support me during my deviation from the planned program itinerary, as well as any liabilities that might arise as a result of my this deviation.

Acknowledgment of Risks

I acknowledge that by deviating from the planning itinerary, I may sustain injuries or be exposed to conditions that are not part of the planned itinerary for this program. I acknowledge that Northeastern University cannot forecast these risks and may be unable to assist me in the event that such risks result in accident, injury, sickness, travel delay or other similar circumstances.

Informed Consent and Release

In consideration of Northeastern University granting me credit(s) for the portions of the program I have satisfactorily completed despite my plan to deviate from the planned itinerary, I HEREBY RELEASE NORTHEASTERN UNIVERSITY AND FOREVER WAIVE MY RIGHTS TO SUE OR OTHERWISE MAKE LEGAL CLAIMS AGAINST NORTHEASTERN UNIVERSITY, ITS EMPLOYEES, OFFICERS, AGENTS AND REPRESENTATIVES FOR ANY DAMAGES ARISING FROM OR RELATED TO MY DEVATION FROM THE PLANNED ITINERARY.

I certify that I have read this ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT AND RELEASE and understand and agree to all of its terms.