OFFICE OF POSTDOCTORAL AFFAIRS
RELEASE AND INDEMNIFICATION AGREEMENT

Date: _________________

I, _______________________________
(Name of participant)

In consideration of my participation in the program sponsored by Columbia University, Office of Postdoctoral Affairs, titled Ski Trip at Hunter Mountain, which will take place on Sunday, February 19, 2012, beginning at 6:00am (bus pick up at Columbia University) and ending later that same day, by approximately 7:00pm (bus drop off at Columbia University), do hereby, along with my administrators, executors, heirs, assigns release and forever discharge Columbia University and its trustees, officers, agents and employees (collectively the “University”), and the Office of Postdoctoral Affairs including individual members, from any claims, demands, actions, and causes of actions of every name and nature I now have or may ever have arising out of my participation in this program, and travel to and from the program.

I understand that the university gives no assurance or warranties whatsoever as to the safety of the participants in the program.

I further acknowledge that I am aware of the risks of my injury, property damage or lost or even death entailed in my participation in this program. I do fully and completely assume all risks solely to myself, and accept full responsibility for my individual physical fitness to participate in the program. I along with my administrators, executors, heirs, assigns further agree to indemnify and hold the Trustees of Columbia University, its employees, and the Office of Postdoctoral Affairs, including its individual members, harmless from all expenses, losses, claims, causes of action or damages arising out of my participation in this program, and related travel, including any attorney's fees and court costs arising from the same.

In case of accident or due to serious illness or injury I hereby authorize Columbia University and its representatives to contact the person(s) listed below:

1) Name ___________________________ Tel: ________________________
2) Name ___________________________ Tel: ________________________

According to the best of my knowledge the aforementioned information is correct and true and I realize that any incorrect or erroneous information provided is my responsibility. I have read and understand this document and am signing it of my own free will in order to gain permission to participate in the program.

(Participant name)  (Date)  (Cell phone)

(Participant’s signature)  (Email address)