

Participant's Name _____

Program/Event attending: _____

WAIVER & RELEASE FOR PROGRAM ACTIVITY

Release. In consideration of being permitted to attend and participate in the Program/Event stated above (the "Program"), I hereby knowingly and voluntarily release, exculpate, and discharge HudsonAlpha Institute for Biotechnology and its Board members, officers, employees, agents, and volunteers, and any Program sponsors (the "Releasees") from any and all liability, claims or demands for personal injury or property damages related to or arising from the Program ("Liabilities"). This is intended to discharge and release in advance the Releasees and waive all Liabilities related to my participation in the Program.

Assumption of Risk. I understand that my participation in the Program is wholly voluntary. I have the responsibility to reduce the chance of injury, and in that regard I must obey all rules at all times, and specifically any Code of Conduct for the Program. I acknowledge that all hazards and dangers associated with this activity cannot be foreseen. These risks include, without limitation, risks from premises involved, including those that are owned by others; risks such as falls or other accidents; risks from the materials involved or areas where activities are to take place, such as laboratories; risks from other participants involved in the Program, such as transmitted illnesses or risks from actions of other persons; risks from weather; risks from dining; and other risks beyond the control of the Releasees. I have conducted, or have had the opportunity to conduct, my own investigation and am willing to accept these risks. I understand and acknowledge that involvement and participation in the Program may cause me to suffer an injury and I voluntarily assume and accept any and all such risks.

Emergency Contact. In the event of an emergency where medical attention is required, please provide an emergency contact that can be reached during the time you will be at HudsonAlpha.

Name: _____ Relation: _____

Contact Telephone Number: _____

Indemnification. I release HudsonAlpha from any and all liability for the Program, and agree to hold harmless, release, and fully discharge HudsonAlpha (and any of HudsonAlpha's agents, representatives, affiliates, successors, and assigns, or any other person or sponsor acting on HudsonAlpha's behalf) from any and all causes of action in law or equity that I have now or may have in the future.

Acknowledgement. I have read and rely wholly upon my own judgment, belief, and knowledge, in agreeing to this document and sign to bind myself, and my respective heirs, executors and administrators.

Participant Signature

Date: _____