



P.O. BOX 501250, SAIPAN, MP 96950, (670) 234-5498, X-1707, www.crees.org

PARTICIPANTS ASSUMPTION OF RISK AND RELEASE FORM

THIS RELEASE is executed by:

(Name)	(Gender)	(Age)	(D.O.B)
(Village)	(P.O. Box)	(Wk & Hm Phone No.)	

WITNESSETH:

In consideration of being permitted to participate in the 2010 ADAP Summer Internship Program of the NORTHERN MARIANAS COLLEGE- COOPERATIVE RESEARCH, EXTENSION AND EDUCATION SERVICES, I the UNDERSIGNED, am in full recognition and appreciation of the dangers and hazards inherent in the duties and events during this “2010 ADAP Summer Internship Program”. I do hereby agree to assume all the risks and responsibilities surrounding myself when participating in the program and any independent research or activities undertaken as an adjunct thereto; and further, I do for myself hereby hold harmless, indemnity, and release, and forever discharge NORTHERN MARIANAS COLLEGE- COOPERATIVE RESEARCH, EXTENSION AND EDUCATION SERVICE, its regents, officers, faculty, staff, agents and employees, during the period of my participation as aforesaid.

IN WITNESS WHEREOF, I have caused this RELEASE to be executed this _____ day of _____, _____.

Participant’s Signature

Print Full Name

Parent/Guardian Signature

Print Full Name

NOTARY PUBLIC:

On this _____ day of _____, 20_____, before me appeared _____ who executed the agreement contained herein, and duly acknowledge to me that she/ he, executed the same freely and voluntarily for the uses and purposes therein mentioned.

Notary Public (Print & Sign)

My Commission Expires: _____