Date: _	
Student	t's Full Name:
Date of	t Birth:
Addres	State: Apt State: Zip Code: Home:
City: _	State: Zip Code:
Mobile	:: Home:
Work: _.	
Emaıl:_	
Emerge	ency Contact and Number:
I, <u> </u>	LITY WAIVER:
	I hereby acknowledge that I am voluntarily participating in the ITP Program and assume all risks and hazards which may occur as a result of such participation in the ITP Program relating to my presence in or about 240 Central Park South, New York, New York (the "Building").
	I hereby release Central South Associates, L.L.C., and each of its affiliated and subsidiary corporations, partnerships, limited partnerships, limited liability companies, and other entities thereof as may now or hereafter exist, including nominees or trusts, and the members, shareholders, partners, directors, officers, employees and agents of any such person or entity (hereinafter referred to collectively as, "Indemnified Parties") from and against any and all causes of actions, claims, rights or demands which I or my heirs, executors, administrators, successors or assigns can or may have as a result of any losses, damages, expenses, illness, personal injury or death, which I or any person may suffer or sustain as a result of my participation in the ITP Program relating to my presence in or about the Building.
	I do hereby agree to indemnify and hold harmless the Indemnified Parties from and against any and all loss, costs, claims, suits, damages and judgments (including attorney's fees and disbursements), however caused, including, but not limited to, those for property damage, illness, bodily injury, including death, arising out of or in connection with my participation in the ITP Program relating to my presence in or about the Building.
Student	t's Name (please print)
	- · · · · · · · · · · · · · · · · · · ·
Student	t's Signature