

Exhibit A

Program Consent and Release Agreement

I hereby agree to participate in all activities of the MetroHacks III (the "Program") held on Harvard University's campus. I understand that the Program is run by MetroHacks. I further understand that Harvard University does not own, control, or present the Program nor is in any way responsible for the Program or the instruction, supervision or monitoring of me while on campus. I agree that to participate in the Program, I will be required to observe standards of conduct. I will comply with the Program's standards of conduct, both those that are provided in writing at the commencement of the Program and those that may be issued, orally or in writing, from time to time at the discretion of the Program. I agree that the Program has the right to enforce its standards of behavior and may terminate my participation in the Program for any conduct which the Program considers to be incompatible with the interests, comfort and welfare of the instructor or the others participating in the Program.

I acknowledge that my participation in the Program may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Program, and the use of facilities, equipment or services in association with the Program.

On behalf of myself, I hereby assume all risks related to participation in the Program, including but not limited to accident, death, injury or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself and anyone claiming through myself, do FOREVER RELEASE President and Fellows of Harvard College ("Harvard"), its trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, or anyone claiming through myself, may now or in the future have against Harvard on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in the Program howsoever the injury is caused.

I understand that this Program is not a medical or health care program. I have no expectation of any medical or health benefit to me from participation in the Program. I certify that I am medically able to participate in the Program and is free from any communicable, infectious or contagious diseases. IN CASE OF EMERGENCY such as accident or injury, I give permission to the Program to provide assistance to procure emergency medical care in the event that I or person(s) I designate cannot be reached.

Name: _____

Signature: _____

Date: _____