University of Maine Release and Assumption of Risk

I, _____________________________ of, __________________________________________
(Parent/Guardian Name) (Address)
acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to allow ____________________ (name of child) in the
Maine 4-H Days from July 18, 2019 to July 21, 2019 and in consideration of my child being
permitted to participate in the Program, do voluntarily execute this “Release and
Assumption of Risk” on behalf of myself, my heirs and next-of-kin. My personal
representatives and my estate.

2. That I have been fully informed of the nature, scope and demands of the Program, and
understand that the Program may include activities which could be dangerous to my child
and other participants and which could cause property damage, bodily injury and/or death.
* See below for specific risks and dangers of the Program

3. That the University of Maine System and its University of Maine Cooperative Extension
(hereinafter referred to as the “University”) has informed me that there may be dangers and
hazards inherent to my child as a result of participating in the Program because of the
activities and travel involved, and that I personally recognize and appreciate that such
dangers and hazards exist for my child. I accept and assume full responsibility for all harm
and injury, of every nature, including death, which may occur to my child or which s/he may
suffer or cause to others, and for all damages or loss to any personal property owned by
me or damaged by my child or my animal while my child is participating in the Program and
during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold
harmless and release the University, its Trustees, faculty, employees, volunteers and
agents, from and against any and all claims, demands, actions or causes of action, on
account of damage or loss to my personal property, my child’s injury or death, or the bodily
injury, death or damage to personal property of others caused by my child or animal, which
may occur or result directly or indirectly from my child’s participation in the Program and not
as a direct result of any negligent act of the University, its Trustees, faculty, employees,
volunteers or agents.

I declare that __________________ (name of child) is able to physically withstand and
cope with the indicated rigors of the Program with or without a reasonable accommodation.
In complying with the letter and spirit of applicable laws and pursuing its own goals of
diversity, the University of Maine does not discriminate on the grounds of race, color,
religion, sex, sexual orientation, including transgender status and gender expression,
national origin, citizenship status, age, disability, genetic information or veteran status in
employment, education, and all other programs and activities. The following person has
been designated to handle inquiries regarding nondiscrimination policies: Director, Office
of Equal Opportunity, 101 North Stevens Hall, 207.581.1226.

The University provides reasonable accommodations to qualified individuals with
disabilities upon request. Any person with a disability who needs accommodations for this
program should contact Sarah Sparks to discuss their needs at least 14 days in advance.
4. This “Release and Assumption of Risk” shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the reminder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of the release and assumption of risk by having read it, or having it read to me, before signing and I intend to be fully bound thereby.

I, _______________________________, the parent or legal guardian of __________________________________, agree in consideration of my child being permitted to participate in the Program, to be bound by the terms of this “Release and Assumption of Risk” and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

___________________________________ date  
Parent or Guardian Signature  
(if participant is under age of 18 years)

I (child participant) understand that attendance in Maine 4-H Days is not without risk to myself, members of my family, my guests who may attend, or my animal. I declare that I completely understand the Assumption of Risk” by having read it, or having it read to me, Assented and agreed to on this ____ day of _______________, 20__.

___________________________________ 
Signature of Participant

*Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:

Exposure to elements such as severe weather, heat, cold, sun, and biting insects.
Falls from all terrain vehicles, bicycles, skateboards, scooters or other personal transportation devices.
Fall hazards due to varied terrain
Utilizing tools (stove, drill, glue gun, hammer, exposure to hot surfaces, splinters in wood working, etc.) in enrichment workshops.

Revised 05/19