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) to
participate in the Oxford County June Jamboree Livestock Clinic from June 29th to
July 2nd 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- if activity involves an 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 Rebecca Mosley to discuss their needs at least ten 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 remainder 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 the Oxford County June Jamboree and Livestock Clinic is not without risk to myself, members of my family, my guests who may attend, or my (animal if appropriate). 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:
Youth handling large animals
Canoeing on the Saco River
Recreational Activity
Food Safety
Personal Judgment
Disregard direction from instructors or event organizers

Revised 5/17