

UNIVERSITY OF MAINE SYSTEM
RELEASE AND ASSUMPTION OF RISK

I, _____ of _____
(Name) (Address)

having been born on _____, acknowledge, declare and agree as follows:
Date of Birth

1. That I have voluntarily agreed to participate in this activity _____
(insert program activity name)

from _____, 20__ to _____, 20__, and in consideration of being permitted to participate, 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 this activity, and I understand that participating may include activities which could be dangerous to me and others and which could cause property damage, bodily injury and/or death.

*See below for specific risks and dangers of the Volunteer Activity

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 participants because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any real or personal property owned by me or damaged by me, while I am participating 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 real or personal property, my personal injury or death, or the personal injury, death or damage to real or personal property of others caused by me, which may occur or result directly or indirectly from my participation in the activity and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

4. I declare that I am able to physically withstand and cope with the indicated rigors of this activity with or without a reasonable accommodation. If an accommodation is needed, I will contact _____.

5. 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 THIS "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.

Assented and agreed to on this ____ day of _____, 20__.

Signature of Participant

I, _____, the parent or legal guardian of ,

_____, agree, in consideration of my child being permitted to participate in this activity, 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 activity.

Parent or Guardian Signature
(if participant under the age of 18 years)

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

