ACKNOWLEDGMENT OF ASSUMPTION OF THE RISK

and

WAIVER OF ALL CLAIMS AND RELEASE OF ALL LIABILITY

for

ALL INTRAMURAL SPORTS AND ACTIVITIES

Student’s Name (PRINT):_______________________________________________

I desire to participate in intramural sports and related activities at the University of Central Arkansas (“UCA”). My participation in any intramural sports and/or activities is voluntary.

(a) My Assumption of the Risk. I hereby specifically assume any and all risks associated with my voluntary participation in any and all intramural sports and/or activities related thereto, whether the same relates to personal injury, property damage or death. This includes, but is not limited to, any activity such as running, diving, jumping, injury from objects or other competitors.

(b) My Waiver of Claims and Release of Liability. For myself, and all of my heirs, personal representatives, successors and assigns, or any other persons claiming by or through me, I do hereby forever waive, release and relinquish any and all claims, demands, causes of action, liabilities, costs or expenses (including attorneys’ fees) (all of the foregoing being referred to collectively as “Claims”), against UCA, the Board of Trustees, any officer, employee, or representative of UCA, which are associated with, or arise out of or in any manner are related to, my participation in any intramural sports or activity at UCA.

(c) This Applies to All Intramural Sports or Activities at UCA for 2010-2011 School Year. My assumption of the risk, and the waiver and release contained in this document, shall apply to any and all intramural sports or activities in which I participate during the 2010-2011 school year.

(d) Complete and Full Release. The waiver and release set forth herein waives and releases any and all Claims under any federal or state law, rule or regulation, as well as any common law cause action, whether in contract, tort or any other legal theory.

(e) Miscellaneous. A photocopy of this document shall be deemed to be an original. Before I signed this document, I was given the opportunity to read it. I was also given the opportunity to consult with any person, including an attorney, if I desired to do so. I have signed this document freely and voluntarily on the date set forth below. If I am under the age of 18 years, I understand that my parent or legal guardian must sign for me.

Date:___________________ Signature:_______________________________________

Parent or Guardian:_____________________________________________________

(signature if student under age of 18 years)

Witness:_____________________

UCA ID NUMBER: ______________________________________________________