

UNIVERSITY OF CENTRAL ARKANSAS

Waiver and Release

This Waiver and Release Agreement (“Agreement”) is given on the date set forth below to the University of Central Arkansas (“UCA”).

For purposes of this Agreement, the term “UCA” shall refer to and mean the University of Central Arkansas, the President of UCA, any past, present and future members of the UCA Board of Trustees, any employee, representative or agent of UCA, and any entity associated with, or controlled by, UCA.

1. **Participation in a Voluntary Activity:** I intend to participate in activities

on _____ located at _____.
I understand that my participation in these activities is strictly voluntary.

2. **Assumption of the Risk.** I understand that there are risks and dangers associated with my participation in these activities, including the risk of property damage, personal injury or death. I acknowledge that my participation in these activities is voluntary and that I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including while traveling to and from the activities. I understand that I am solely responsible for any medical costs I may incur as a result of my participation in these activities.

3. **Waiver of All 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, but not limited to, attorneys’ fees) (all of the foregoing being referred to collectively as “**Claims**”), against UCA which are associated with, or arise out of or in any manner are related to, my participation in the activities referred to above. The waiver and release set forth herein waives and releases any and all Claims under any federal or state law, as well as any common law cause of action, whether in contract, tort or any other legal theory.

4. **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 have signed this document freely and voluntarily on the date set forth below. I certify that I am at least 18 years of age.

Date: _____

Signature: _____

Printed Name: _____

Witness: _____