

UNIVERSITY LIABILITY RELEASE FORM

THE FOLLOWING FORM MUST BE COMPLETED BY EACH PARTICIPANT INCLUDING SPONSORS/PARTICIPANTS UPON ARRIVAL/REGISTRATION. PARTICIPANTS WILL NOT BE ALLOWED TO PARTICIPATE IN THE EVENT WITHOUT PARENTAL SIGNATURE FOR PARTICIPANTS UNDER THE AGE OF 18 OR SIGNATURE OF THE PARTICIPANT OVER THE AGE OF 18.

If you need to use the Health Services facility while on the University of Central Arkansas Campus you will need to fill out a Medical History and Consent for Treatment Form. You will be able to obtain this form from your Camp Director or the Area of Scheduling and Events Office in the Brewer-Hegeman Conference Center.

AGREEMENT FOR ASSUMPTION OF RISK & INDIVIDUAL PARTICIPANT RELEASE

I, _____, the undersigned, being allowed to use the facilities of the University of Central Arkansas (hereinafter "University") for (Name of Participant)

activities related to _____ (hereafter "the event"), on _____, do hereby release & forever discharge the (Event Name) (Event Dates)

University, & all of its officers, agents, employees, trustees, &/or successors in interest, from & against any & all claims of damages, demands, & actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation. Specifically, I release the University, & all of its officers, agents, employees, trustees, &/or successors in interest from any claim against them, which relates to my participation in activities related to the event while on the campus of the University. I acknowledge for myself that I am the recipient of a privilege from the University. I understand that privilege is a tangible benefit to me. I also fully understand that my participation in activities related to the event at the University is voluntary & that I am not required to participate. I hereby attest & verify for myself that I have full knowledge of the risks involved in participation in the event at the University & assume those risks, & will assume & pay my own medical expenses & emergency expenses in the event of an accident, illness, or other incapacity. I attest that I am physically fit & sufficiently trained to participate in the event at the University. Should injury or illness occur while on campus, I give my permission to receive treatment, if necessary, from UCA Student Health Services &/or a local Conway health-care provider at my expense.

I, for myself, accept full responsibility for any use of all facilities, including property of the University; & agree to make full restitution with regard to any compensation required as a result of my participation or use, misuse, damage, or negligence to such properties. It is my express intent that this Agreement for Assumption of Risk & Release shall bind the members of my family & spouse, if I am alive, & my heirs, assigns or personal representatives, if I am deceased, & shall be deemed as a RELEASE, WAIVER, DISCHARGE & COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST THE ABOVE-NAMED RELEASEES. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS. I further hereby agree to indemnify & hold harmless the releasees from any loss, liability, damage or costs, including court costs & attorney's fees, that they may incur due to my participation in said activity, whether caused by negligence of releasees or otherwise. In signing this Agreement for Assumption of Risk & Release, I acknowledge & represent that I have read the foregoing & freely & voluntarily agree to its terms. I further acknowledge that no oral representations, statements or inducements, apart from the foregoing written Agreement, have been made, & that I am at least eighteen (18) years of age & fully competent. In witness whereof, I have caused this Agreement for Assumption of Risk & Release to be executed.

Name

Date

***IF THE UNDERSIGNED IS A MINOR (UNDER 18 YEARS OF AGE), A PARENT OR LEGAL GUARDIAN MUST SIGN THE DOCUMENT BELOW.**

AGREEMENT FOR ASSUMPTION OF RISK & RELEASE OF PARENT OR LEGAL GUARDIAN FOR MINOR

I, _____, parent or legal guardian of _____ acknowledge & represent that I have read the foregoing Agreement (Parents Name) (Campers Name)

for Assumption of Risk & Release, & that I understand & sign it on behalf of my minor son/daughter, voluntarily as my own free act & deed. I further acknowledge that no oral representations, statements or inducements, apart from the foregoing written Agreement, have been made. It is my express intent that this Agreement for Assumption of Risk & Release shall bind the members of my family & spouse, if I am alive, & my heirs, assigns or personal representatives, if I am deceased, & shall be deemed as a RELEASE, WAIVER, DISCHARGE & COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST RELEASEES NAMED IN THE AGREEMENT FOR ASSUMPTION OF RISK & RELEASE ATTACHED HERETO. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS.

In witness whereof, I have caused this Release of Parent or Legal Guardian for Minor to be executed.

Parent or Legal Guardian

Date