

RELEASE AND ACKNOWLEDGMENT: MINORS

I, _____, hereby acknowledge that I am the Parent/Legal Guardian of _____ (“Participant”) and s/he is under eighteen years of age. I grant permission for the Participant to participate in _____ on _____ (“Activity”).

I hereby assume all responsibility and risk related to the Participant’s participation in this Activity. Participation in the Activity carries with it risks that cannot be eliminated. The specific risks vary from one activity to another, but the risks could include but are not limited to 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries such as paralysis and death; and 4) property damage or loss. I further attest that I have fully discussed the aforementioned risks with the Participant.

To the extent permitted by law, I understand and acknowledge that the University of Connecticut, its governing board, the State of Connecticut and their officers, employees, agents, representatives, successors, and assigns (collectively the “University”) assume no liability for property damage or personal injuries to the Participant or to third persons arising out of the Activity. I agree to indemnify and to save the University harmless from any liability arising out of the Participant’s acts or omissions during the Activity.

I have arranged, through insurance or otherwise, to cover any medical costs that may arise or be associated with the Participant’s participation in the Activity. I recognize that the University is not obligated to attend to any of the Participant’s medical or medication needs,

and I assume all risk and responsibility therefor. If the Participant requires medical treatment or hospital care during the Activity, I agree that the University is not responsible for the provision, cost or quality of such treatment or care.

Comment [sa1]: This sentence can be removed if a University employee is assigned to pass out medication to the Participants participating in the Activity or if the University intends to attend to the medical needs of the Participant.

If the Participant fails to meet behavior expectations during the Activity, I understand I will be asked to pick up the Participant immediately, and I will do so.

I further acknowledge that I am at least eighteen (18) years of age and fully competent to sign this Agreement, and that I execute this Release for full, adequate, and complete consideration, fully intending to be bound by it.

I execute this document with full knowledge of the contents and consequences of it. I further agree that this Release shall be construed in accordance with the laws of the State of Connecticut. If any term of this Release is determined to be illegal, unenforceable, or in conflict with any law, the validity of the remaining portions will not be affected thereby.

Signed this _____ day of _____, 20__.

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Printed Name: _____

Witness Signature: _____

Witness Printed Name: _____