

AGREEMENT FOR ASSUMPTION OF RISK AND RELEASE
INDIVIDUAL PARTICIPANT RELEASE FOR ON CAMPUS ACTIVITIES

I, _____, the undersigned, being allowed to use the _____ (“facility/building”) located on the campus of the University of Central Arkansas (“University”) for activities related to the _____ (“activity/program”), do hereby release and forever discharge the university, all of its officers, agents, employees, trustees, and/or successors in interest, from and against any and all claims of damages, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation. Specifically, I release the university, all of its officers, agents, employees, trustees, and/or successors in interest, from any claim against them that is related to my participation in activities related to the activity/program 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 activity/program at the university is voluntary and that I am not required to participate.

I hereby attest and verify for myself that I have full knowledge of the risks involved in participation in the activity/program at the university and assume those risks, and will assume and pay my own medical expenses and emergency expenses in the event of an accident, illness, or other incapacity.

I, for myself, accept full responsibility for any use of all facilities, including property of the university; and agree to make full restitution with regard to any compensation required as a result of my use, misuse, damage, or negligence to such properties.

I have read the foregoing Agreement for Assumption of Risk and Release and freely and voluntarily agree to its terms.

In witness whereof, I have caused this Agreement for Assumption of Risk and Release to be executed this ____ day of _____, 200_.

Name of Participant

Date

Name of Parent or Guardian
(if less than 18)

Date