

AGREEMENT FOR ASSUMPTION OF RISK AND RELEASE
INDIVIDUAL PARTICIPANT RELEASE FOR TRAVEL

I, _____, the undersigned, being allowed to travel with faculty/staff, and students of the University of Central Arkansas (“university”) during _____, 200_, 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 travel to and from _____ and my participation in the activity/program identified above. 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 travel and participation in these activities.

I also fully understand that my travel and participation is voluntary and that I am not required to attend or participate.

I have full knowledge of any risks involved in travel and participation 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 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