



## WAIVER RELEASE FORM

The University of New England (UNE) seeks to ensure the health and safety of all participants in University sponsored events and activities. These activities are conducted under the supervision of UNE students, faculty or staff. Although UNE takes steps to ensure health and safety, no one can guarantee another's absolute safety.

In my/our capacity as **Self/Parent/Guardian** of **Person Below** acknowledged and agree as follows:

**ASSUMPTION OF RISK:** I/we understand that there are certain dangers, hazards, and risks inherent in participating in the on campus visit to UNE, which can cause or result in property damage or personal injury, including the potential for permanent paralysis and death. I further understand that the University cannot and does not assume responsibility for any such personal injury, death or property damage. Notwithstanding the dangers, hazards, and risks involved, and in consideration of participation in the programs, related events and activities, I agree and hereby do assume all risks surrounding participation of Child in the programs, related events and activities; and

**INDEMNIFICATION:** I/we further agree to indemnify and hold harmless UNE, its trustees, directors, officers, employees, instructors, staff and any students acting as employees from and against any claims, costs, expenses, damages, liabilities, judgments, or losses, of every kind or nature, including attorney's fees, asserted by any party, including Child, against UNE, its trustees, directors, officers, employees, instructors, staff and any students acting as employees arising out of, or in connection with, related events and activities, except to the extent of UNE's or its employees' or students' negligence.

**BEHAVIOR:** I/we understand and agree that participation in the programs, events and related activities is voluntary and that my child's behavior or that of my own must not interfere with or disrupt ongoing academic or research operations of the University and its faculty, staff and students. I further understand and agree that UNE, in its sole discretion, may remove my child or me from the program and premises. I further agree that Child must comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove Child and myself from participation and will immediately bring such hazard(s) to the attention of the nearest UNE employee or UNE student volunteer.

I have read and understand the conditions and procedures of this letter and I accept the conditions stated herein.

**NAME:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Signature of Parent/Guardian (if Individual is under 18 years of Age)**