



UNIVERSITY OF MAINE
DIVISION OF STUDENT LIFE
CAMPUS RECREATION - MAINE BOUND TRIPS & CLINICS
MAINE BOUND COURSE RELEASE AND ASSUMPTION OF RISK

I, _____, of
(Name)

(Full mailing Address)

Being _____ years of age (having been born on ____ / ____ / ____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the _____, (the "Program") from _____, 20____ to _____, 20____, and in consideration of being permitted to participate in the Program, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.

2. That I have been fully informed of the nature, scope and demands of the Program, and I understand that the Program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury and/or death.

*See below for specific risks and dangers of the Program.

3. That the University of Maine System and its University of Maine (hereinafter referred to as the "University") have informed me that there may be dangers and hazards inherent to participants in the Program because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any personal property owned by me or damaged by me, while I am participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of death, or the bodily injury, death or damage to personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers, or agents.

4. I declare that I am able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact the Assistant Director for Maine Bound at 581-1752.

5. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

6. I understand that if I cancel my registration prior to the registration deadline, I am subject to an administrative fee or the cost of the course, whichever is less.

*Such dangers, hazards and risks of the program may include, but are not limited to, those listed under each program type. Please initial next to each activity your trip intends on engaging in:

____ Rock Climbing: Bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, other impact related injuries. Falling objects natural and artificial, rope failure, anchor failure, belay failure, equipment malfunction

____ Paddling (kayaking, SUPing, canoeing): Bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocation, dehydration, drowning, death, traumatic brain injury, hypothermia, frostbite, Equipment malfunction, entrapment

____ Mountaineering and Ice Climbing: Frostbite, hypothermia, puncture wounds, bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, paralysis, trench foot. Falling objects natural and artificial, rope failure, belay failure, anchor failure, equipment malfunction.

____ Hiking & Backpacking: Bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, other impact related injuries.

____ Camping: Bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, overexertion, death, traumatic brain injury, other impact related injuries. Improper stove use, equipment malfunction, eating food prepared in unsanitary conditions

____ Swimming/Pool Use: Bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dislocations, dehydration, drowning, death, traumatic brain injury, hypothermia.

____ Skiing: Frostbite, hypothermia, puncture wounds, bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dehydration, overexertion, death, traumatic brain injury, paralysis, trench foot. Equipment malfunction

_____ Ropes Course/Climbing Wall: Bruises, scrapes, cuts, sprains, breaks, fractures, twists, tweaks, dehydration, overexertion, death, traumatic brain injury, other impact related injuries. Falling objects natural and artificial, rope failure, anchor failure, belay failure, equipment malfunction

_____ International Travel: Water and food borne illnesses, contraction of parasitic infections, contraction of viruses, fungal infections, insect + animal bites, stings, and diseases, plagues, pandemics,

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby:

Assented and agreed to on this _____ day of _____, 20_____.

Signature of Participant

I, _____,

The parent or legal guardian of _____,

Agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

Parent or Guardian Signature (if participant under the age of 18 years)