

DAY PASS Assumption of Risk and Release – VALID FOR ONE DAY ONLY

In consideration of being permitted to participate in activities at the New Balance Student Recreation Center, I hereby affirm and agree as follows:

1. I am over the age of 18 years, or, if not, I have parental consent as evidenced by the signature below.
2. To the best of my knowledge and belief, I am in good physical condition.
3. I realize there are potential physical dangers and hazards to me in my use of this facility, equipment and programs therein, and also due to actions of other participants and my proximity to them in these areas. It may involve considerable risk on my part, including the possibility of broken bones, drowning, other injuries or even death.
4. Therefore, in consideration of being permitted to utilize the facility/equipment and participate in activities at the New Balance Student Recreation Center, I do hereby agree to assume all the risks and responsibilities surrounding my participation there, and further, I do for myself, my heirs, and personal representative(s) hereby agree to defend, hold harmless, indemnify and release, and forever hold harmless the University of Maine System, its trustees, and all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, which may result directly or indirectly from my participation at the New Balance Student Recreation Center.
5. This Assumption of Risk and Release must be signed upon all purchases of day passes used to participate at the New Balance Student Recreation Center.

Today's Date: _____

Participant's Printed Name: _____ DOB: _____

E-mail Address: _____

Address: _____

Phone Number: _____

Parent / Legal Guardian's Printed Name (if under 18): _____

Participant Signature (or Parent / Legal Guardian's Signature if participant is under 18):

Emergency Contact Name: _____

Relationship: _____ Contact Phone: _____