

**UNIVERSITY OF MAINE SYSTEM  
UNIVERSITY OF MAINE  
RELEASE AND ASSUMPTION OF RISK**

I \_\_\_\_\_, of \_\_\_\_\_  
(Participant's Name) (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 University of Maine Young Authors Camp of the Maine Writing Project, (the "Camp") and in consideration of being permitted to participate in the Camp, 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 Camp, and I understand that the Camp 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 Camp

3. That the University of Maine System and its University of Maine (hereinafter referred to as the "University") has apprized me that there may be dangers and hazards inherent to participants in the Camp 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 Camp 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 action, on account of damage or loss to my personal property, my personal injury or 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 Camp 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 Camp with or without a reasonable accommodation. If an accommodation is needed I will contact the Camp office at (207) 581-1238.

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.

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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Signature of Participant

Date

*Required for participants 18 years of age or older*

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, agree, in consideration of my child being permitted to participate in the Camp, 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 Camp.

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Parent or Guardian Signature

Please print name

*Required for participants under the age of 18 years.*

\* Such dangers, hazards and risks of this activity may include, but are not limited to, injuries inflicted by the following:

Dangers, hazards, and risks of the Maine Writing Project Young Authors Camp are those commonly associated with a normal school day.

***Known Allergies, medical condition(s), or accommodation(s) required***

\_\_\_ None

\_\_\_ The participant is allergic to the following:

\_\_\_ The participant has the following medical condition(s) or requires the following accommodation(s):

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Parent/Guardian initials

(or participant initials if 18 years of age or older)

***Please forward completed form to:*** Maine Writing Project, 5766 Shibles Hall, Orono, ME, 04469