UNIVERSITY OF MAINE SYSTEM RELEASE AND ASSUMPTION OF RISK

1,	, of	
being follow		(Address)), acknowledge, declare and agree as
1.	That I have voluntarily agreed to participa	ate in the, to, 20, and in the Program, do voluntarily execute this
(the '	'Program") from, 20	to, 20, and in
	ase and Assumption of Risk" on benaif of n	ny self, my heirs and next-of-kin, my personal
repres	schiatives and my estate.	
2.	That I have been fully informed of the nat	ture, scope and demands of the Program, and I
		es which could be dangerous to me and other
partic	ipants and which could cause property dam	age, 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
	nafter referred to as the "University") has in	
hazaro	ds inherent to participants in the Program be	ecause of the activities involved, and that I
-	• •	ngers and hazards exist. I accept and assume full
-	• • • • • • • • • • • • • • • • • • • •	ature, including death, which may occur to me or
		damages or loss to any real or personal property icipating in the Program and during all travel
		agree to indemnify, hold harmless and release
	-	volunteers and agents, from and against any and
	ims, demands, actions or causes of action, or	
-		r the personal injury, death or damage to real or
		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.		
113 111	istees, faculty, employees, volunteers of ag	ents.
4.	I declare that I am able to physically with	stand and cope with the indicated rigors of the
_		lation. If an accommodation is needed, I will
contac	ct	
5.	This "Release and Assumption of Risk" s	hall be construed and interpreted pursuant to the
	of the State of Maine, and if any portion the	
illega	l, 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 on this day of	
Signature of Participant	
	, the parent or legal guardian of f my child being permitted to participate in the
Program, to be bound by the terms of this R	• • • • • • • • • • • • • • • • • • • •
indemnify, hold harmless and release the Ur	niversity, its Trustees, faculty, employees, volunteers
	e 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)	

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