

UNIVERSITY OF MAINE SYSTEM
UNIVERSITY OF MAINE AT PRESQUE ISLE
Challenge Course Release and Assumption of Risk
(Minor)

(Please print all information clearly and read both sides. Signature required on reverse side)

Child's Name: _____ Date of Birth: ____/____/____
Month Day Year

Parent or Legal Guardian's Name: _____
(Parent or Legal Guardian's name required if participant is under the age of 18 years)

Street Address City State/Province Zip/Postal Code

Emergency Contact: _____ Phone # _____ or _____

I, the parent or legal guardian of the above named individual, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to allow my minor (child) to participate in the

name of the "Program" or Trip, on _____, _____
Month Day Year

at the University of Maine at Presque Isle (University) and in consideration of being permitted to participate in the Program, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself, his/her heirs; my heirs and next-of-kin, personal representatives and estate.

2. That I have been fully informed of the nature, scope and demands of the Program in which my child will participate. I understand that such participation may include activities which could be dangerous to my child and other participants and which could cause property damage, bodily injury and/or death. These activities include but are not limited to:

Abdominal pain, abrasions, allergic reactions to stings or food, anaphylactic shock due to allergic reaction, animal bites, bleeding due to puncture wound, cut, or scrape, blisters, shortness of breath, burns due to exposure to the sun, or contact with a hot surface, chest injuries due to a fall or traumatic blunt hit, constipation, diabetic emergency, diarrhea, dislocations, drowning, eye injuries related to thermal burns, chemical burns, entanglements, foreign or impaled objects in the eye or other body part, fainting due to light headedness resulting from increased heart rate, increased blood pressure, fractures, frostbite, giardia, head injuries including concussion, brain injuries, and skull fractures, heat illnesses including heat cramps, heat exhaustion and heat stroke, hypothermia, hyperventilation, immersion foot, trench foot, impaled objects, infections, insect and spider bites, joint swelling and inflammation, muscle swelling and inflammation, nosebleeds, poisoning and toxic substance inhalation, poison ivy, poison oak and poison sumac, rashes, seizures, shock, snake bites, spinal injuries, sprains, strains, tendonitis, and tick bites. Some of the activities may include transportation of children in University vans.

3. That the University has informed me that there may be dangers and hazards inherent in the activities while participating in the program, 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 my child or which he/she may suffer or cause to others and for all damages or loss to any personal property owned by me or him/her or damaged by him/her, while participating in the Program. I agree to indemnify, hold harmless and release the University, the University of Maine System, 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 or his/her personal property, his/her personal injury or death, or the bodily injury, death or damage to personal property of others caused by him/her, which occur or result directly or indirectly from his/her participation in the Program, **INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, DAMAGES, DEMANDS ACTIONS OR CAUSE OF ACTION RESULTING FROM THE NEGLIGENCE OF THE UNIVERSITY, ITS TRUSTEES, FACULTY, AGENTS, EMPLOYEES OR VOLUNTEERS.**

4. I understand that before my child starts any exercise program, I should consult with a physician. I declare that he/she is able to physically withstand and cope with the indicated rigors of the activities of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact Program staff.
5. I understand that this UMPI activity/office has a zero drug and alcohol tolerance policy. The use, consumption, and possession of illegal drugs, alcohol, tobacco or other paraphernalia of ANY kind is strictly prohibited. Violation of this policy or behavior that indicates a breach of this policy may result in, but is not limited to removal from the program. Removal from the program may result in an evacuation charge payable by the parent or legal guardian.
6. 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, 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. This "Release and Assumption of Risk" shall remain in effect during the term of the Program. I acknowledge and accept responsibility for my minor child's personal actions. I understand and accept that failure to comply with the Program's safety policies and procedures may result in suspension and/or termination of my minor child's participation in the Program.

<hr style="border: none; border-top: 1px solid black;"/>	Assented and agreed to: ____/____/____
Signature of Parent of Legal Guardian	Month Day Year