



UMass

Dartmouth

STUDENT ACTIVITIES, INVOLVEMENT & LEADERSHIP

# Assumption of Risk and Release (Field Trips and Off-Campus Activities)

I, \_\_\_\_\_, am (check one)  eighteen (18) years of age or older;  under  
*Participant Name*  
 eighteen (18) years of age and have voluntarily applied to participate in \_\_\_\_\_  
*Activity*  
 (hereinafter the "Event") at \_\_\_\_\_ on \_\_\_\_\_. I acknowledge that the nature of the  
*Location* *Date of Activity*  
 Event may expose me to hazards or risks that may result in my illness, personal injury or death and I understand  
 and appreciate the nature of such hazards and risks. Further, I hereby certify that I have health and accident  
 insurance with \_\_\_\_\_, policy number \_\_\_\_\_, which will cover me  
*Company Name*  
 on this trip.

*In consideration of my participation in the Event, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release, discharge, and covenant not to sue, the University of Massachusetts Dartmouth (the "University"), and its Board of Trustees, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Event, whether caused by negligence of the University, its Board of Trustees, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University and its Board of Trustees, officers, employees, and representatives from and any all claims, liability, damages, loses, or expenses (including attorney's and expert's fees) arising out of or resulting from the injury or death of any person(s) or damage to property that may result from my negligent or intentional act or omission while participating in the described Event.*

**BY SIGNING BELOW, I ASSERT THAT THE STATEMENTS MADE HEREIN ARE TRUE AND THAT I HAVE CAREFULLY READ THIS ENTIRE AGREEMENT AND UNDERSTAND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT MAY OCCUR WHILE PARTICIPATING IN THE DESCRIBED EVENT AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.**

<i>Participant Signature</i>	<i>Date</i>
<i>Participant Cell Phone Number</i>	<i>Participant EMail Address</i>
<i>Signature of legal guardian if participant is under 18 years of age</i>	

*In case of emergency, please contact:*  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**For Office Use Only:**  
 Ticket #: \_\_\_\_\_ Trip Sponsor: \_\_\_\_\_  
 Sold by: \_\_\_\_\_ Contact: \_\_\_\_\_  
 This form will be kept on file in the SAIL Office until the conclusion of the trip.