

UNIVERSITY OF MAINE SYSTEM, UNIVERSITY OF MAINE
RELEASE AND ASSUMPTION OF RISK
Developmental Track & Field Clinics Jan 13, 20, 27, Feb 10, 2010

I, _____ of _____
(participant's name) (Address) , (city)
phone to contact parents in emergency: _____ being _____ years of age (having
been born on (date) _____, acknowledge, declare and agree as follows:

1. That I have voluntarily agree to participate in the University of Maine Track and Field Developmental Clinic Series (one or more dates), ("the Clinic"), on these Wednesday evenings; Jan 13, 20, 27, Feb 10, 2010, and in consideration of being permitted to participate in the Clinic, 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 Clinic, and I understand that the Clinic 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 Clinic
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 Clinic 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 Clinic 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 Clinic 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 Clinic with or without a reasonable accommodation. If an accommodation is needed I will contact the Clinic Director, at Rolland.ranson@umit.maine.edu or phone 207 – 581 – 1077.
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 _____, 2010

(signature of participant)

(Date)

_____, the parent or legal guardian of _____, agree, in consideration of my child being permitted to participate in the Clinic, 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 Clinic.

Parent or Guardian signature (if participant is under the age of 18 years)

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

Contact from or with other participants; contact from or with equipment involved in the sport such as, but not limited to track and field equipment, mats, hurdles, barriers, standards, poles, posts, shot, discus, javelin, sand, floor, balls, walls; Accidental falls, sprains, strains or fractures; Illness associated with the elements, such as, but not limited to heat, rain, snow, etc.

In an emergency the University medical emergency and 911 procedures will be put into effect. Every attempt will be made to contact the parent or guardian in any emergency.

Thank you for your cooperation.