

RISK MANAGEMENT

210 Flagg Road, Suite 213, Kingston, RI 02881 USA p: 401.874.2591 f: 401.874.9101 web.uri.edu/businessservices/riskmanagement



Assumption of Risk & Release of Liability Form

I, [print name] _____, hereby give my consent and agree to take part in _____ (name the event) on _____ (date). In consideration of my participation, I understand that I am fully responsible for any injuries I may incur during this event.

I confirm my participant (for him/herself, his/her parent or legal guardian, his/her heirs, representatives, executors, administrators, successor or assigns) hereby waives, releases, fully discharges and hold harmless the University of Rhode Island, its governing board, the Rhode Island Board of Education, the State of Rhode Island and their officers, directors, board members, employees, agents, and assignee for any and all liability and claims, or demands and/or cause of action, that he/she has or may have for any costs, expenses, or damages, including reasonable attorneys' fees, arising from property damages or personal bodily injury, including death, relating to or arising from my participation in, use of, or operation of equipment related to the Activities or may in the future have, whether known or unknown, arising out of the named event.

I may or may not have had previous participation experience in the Activity. I understand and acknowledge that such participation could result in loss of or damage to my or another person's property, serious injury to my body, including mental or emotional injury or trauma and/or death. I verify that I have no physical or emotional conditions that may prevent me from fully participating in the event.

I understand and agree the University of Rhode Island and its recreational subsidiaries cannot be expected to control all possible risks but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my attendance with the understanding that the cost of any such treatment will be my responsibility. The university does not carry medical or accidental insurance for the activities mentioned. As such, participants should review their personal insurance portfolio.

I HAVE READ THE WAIVER, RELEASE AND ASSUMPTION OF RISK FORM IN ITS ENTIRETY AND UNDERSTAND THE TERMS AND LEGAL SIGNIFICANCE. This waiver is freely and voluntarily given with the understanding that right to legal recourse is knowingly given up in return for allowing my participation in the event.

By signing below, I agree that I have read and understand the above information.

Signature: _____ Date: _____

Legal Guardian (Please Print): _____
(If under 18 years old, Legal Guardian signature required)

Emergency Contact: _____ Phone: _____