UNIVERSITY OF MAINE SYSTEM UNIVERSITY OF MAINE RELEASE AND ASSUMPTION OF RISK

I,	, of			
	(Child's Name)	(Address)	(Address)	
being	years of age (having been be	orn on), ac	cknowledge,	
declar	e and agree as follows:			
1.	That I have voluntarily agreed to par	ticipate in the University of	f Maine Summer	
Sports	s Camps, (the "Camp") from	through	(dates)	
	consideration of being permitted to p			
this "F	Release and Assumption of Risk" on b	ehalf of my self, my heirs a	nd next-of-kin,	
my pe	rsonal representatives and my estate.			
2. and I u	That I have been fully informed of the understand that the Camp may include	, I	1 '	

and other participants and which could cause property damage, bodily injury and/or

* See below for specific risks and dangers of the Camp

death.

- That the University of Maine System and its University of Maine (hereinafter 3. referred to as the "University") has apprized me that there may be dangers and hazards inherent to participants in the Camp 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 Camp 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 Camp 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 Camp with or without a reasonable accommodation. If an accommodation is needed I will contact the Camp office at (207) 581-2267.
- 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	, 20
Signature of Participant	 Date	
	, agree, in cons	ideration of my child being
permitted to participate in the Cam Assumption of Risk and hereby inc Trustees, faculty, employees, volur same force and effect as set forth in in the Camp.	demnify, hold harmless an nteers and agents, in the s	nd release the University, its ame manner and with the
Parent or Guardian Signature (if participant is under the age of 1)	8 years)	
* Such dangers, hazards and risks of injuries inflicted by the following:	of this activity may include	le, but are not limited to,
Contact from or with other participant Contact from or with equipment invol sticks, pads, etc.; Contact with fixed barriers such as, bu	ved in the sport such as, but	-
Falls; Accidental sprains, strains or fractures Accidents related to water in the pool; Illness associated with the elements su	;	

Please bring completed form with you to registration.