

**Assumption of Risk, Release from Liability and Indemnification
for Participation in _____**
(Name of activity, trip, program sponsored by UHART)

On ____/____/____ I, _____,
(Insert your name)

will participate in _____ which is
(Name of activity/trip/program)

organized and run by _____ . This activity/trip/program
(name of group/club/organization)

will be held at _____ .
(Location of activity/trip/program)

This document (“Agreement”) covers all aspects of my participation in the Program. In this Agreement, “University” means the University of Hartford, its agents, employees, trustees, volunteer workers, students, and directors and officers.

- 1. Activity/Trip/Program Risks.** I understand that I have voluntarily and freely elected to participate in this activity/trip/program and that I am not required to do so. I understand that participation in this activity/trip/program involves risks that the University cannot eliminate, including, but not limited to, risk of property damage, bodily injury, illness, permanent disability, and death.

(List other risks specific to activity/trip/program, e.g., transportation involved, use of equipment, etc.)

- 2. Assumption of Risk.** I voluntarily take responsibility for all risks of participating in this activity/trip/program.
- 3. Assumption of Medical and Mental Health Obligations:** I acknowledge there are no health-related reasons or problems that preclude or restrict me from participating in the activity/trip/program. If required, I have arranged for disability-related accommodations, through the University’s Access-Ability Services office or otherwise, as appropriate, and I understand the limitations of the activity/trip/program location.

I have arranged, through insurance or otherwise, for payment of medical care, if necessary, while I participate in the activity/trip/program. I recognize that the University is not obligated to attend to any of my medical needs, and I assume all risk and responsibility for my medical needs. If I require medical care during my participation in the activity/trip/program, I grant the University permission to provide such care, but acknowledge that the University is not responsible for the cost or quality of such care.

- 4. Release.** In exchange for the University allowing me to participate in the activity/trip/program, I release the University, including its agents, employees, trustees, volunteer workers, students, and directors and officers, for and against any and all liability and responsibility for any claim or cause of action, including claims based on negligence on account of any personal injury, accident, damage, expenses, or other loss caused of any nature whatsoever, that may be suffered or incurred by me or any other person or entity during, arising out of, or in any way associated with my

participation in the activity/trip/program, except for any claim or cause of action arising out of the sole negligence of the University.

5. **Indemnification.** I agree to indemnify and hold the University harmless from (that is to say, I agree to pay or reimburse the University for) any costs, penalties, legal fees, or judgments (“costs”) that the University has to pay related to my participation in the activity/trip/program, even if the costs resulted from the University’s negligence.
6. **Governing Law and Jurisdiction.** The laws of Connecticut shall govern this Agreement and the courts of Connecticut shall interpret this Agreement. I further agree that this release is intended to be as broad and inclusive as permitted under Connecticut laws so that if any term or provision is held invalid, the balance shall continue in full legal force and effect.
7. **Binding Agreement.** This Agreement shall legally bind me, and my family members, spouse, estate, heirs, administrators, and/or personal representatives.
8. **Signature.** I agree that I have read and understood this Agreement and I do so voluntarily. I understand that I am free not to sign this Agreement and to not participate in the activity/trip/program. If I am not of legal age, my parent or guardian has also read and understood this Agreement.

Before you sign this Agreement, please read it carefully because it affects your legal rights.

If Participant is eighteen (18) years of age or older:

Printed Name of Participant: _____

Student ID Number: _____

Signature of Participant: _____

Date: _____

Email: _____

If Participant is under eighteen (18) years of age:

I acknowledge and agree to the terms of this Agreement as respects my child’s participation in the activity/trip/program:

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Participant Birthdate: ____/____/____

Please forward completed form to _____ at _____@hartford.edu.