

University of Southern Maine Lewiston Auburn
(A Campus of the University of Maine System)

RELEASE AND ASSUMPTION OF RISK

I, _____, of _____,
(Name – please print) **(Address)**

a student enrolled at the University of Southern Maine Senior College LAC (a campus of the University of Maine System), being of legal age (having been born on _____) acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the **SENIOR COLLEGE MONTHLY DINE AROUND CLUB** from September 1, 2018 to August 31, 2019, and in consideration of being permitted to participate in this activity, 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. I acknowledge that I have been fully informed of the nature, scope and demands of the program and I understand that this activity may include other similar activities that could be dangerous to me.
3. 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, and for all damages or loss to any personal property owned by me while I am participating in this activity and, in furtherance thereof, I agree to indemnify and hold harmless the University of Maine System, its Trustees, faculty, employees and agents from and against any and all claims, demands, actions or causes of action, on account of damage to my personal property, or my personal injury, or death, which may occur or result directly or indirectly from my participation in this activity, and which are not the result of this negligent act or omission of the University of Maine System, its Trustees, faculty, employees and agents.
4. I understand that it is not the purpose of this activity or the responsibility of the University of Maine System that safety rules and regulations be taught but only that reasonable safety standards be adhered to and agreed to by all participants. I acknowledge that the University of Maine System does not serve as a guardian of students’ safety and its faculty, employees and agents will not be responsible for administering any required first aid, treatment or medication to me.
5. I declare that I am able to physically withstand and cope with the indicated rigors of this activity.
6. I request that this “Release and Assumption of Risk” be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, I request the remainder continue in full force and effect.

I declare that I completely understand and have fully informed myself to the terms and conditions of this “Release and Assumption of Risk” by having read it: or having it read to me, before signing.

Assented and agreed to on this _____ day of _____, 20 _____.

Signature

Witness