

University of Connecticut
Off-Campus Student Services
ACKNOWLEDGEMENT OF RISK AND LIABILITY RELEASE FORM

UConn's Off-Campus Student Services Office is providing this Program through a partnership with an outside agency. By signing this Agreement, I voluntarily agree to participate in this Community Cleanup Program.

I understand that participation in this Program may include, but is not limited to, the following activities: **cleaning up trash along the roadway, removing trash bags from location.** I assume all risks that may arise from or in connection with this Program, including but not limited to: **walking along a roadway where there is active traffic, removing trash that could potentially have broken glass or other sharp hazards, any terrain that is uneven and might result in falling.**

The University has taken reasonable precautions to provide a meaningful service experience for all participants. I understand, however, that participation in this Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Participants are advised to point out hazardous situations with the immediate supervisor on site.

I also understand that the University of Connecticut does not require me to participate in this Program, but I want to do so of my own free will, despite the possible dangers and risks.

I assure the University of Connecticut that there are no health-related reasons or problems which preclude or restrict my participation in this Program and that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my participation in this Program.

In consideration of and return for the services, facilities, experience and any other assistance provided to me by the University of Connecticut in this Program, it is my express intent to indemnify and hold the University of Connecticut and its representatives harmless, herein releasing the University of Connecticut and its representatives from any and all liability, claims and/or actions whatsoever that may arise from injury or harm to me, either from my death or from damage to my property, in connection with this Program. I also agree to assume all of the risks and responsibilities in any way associated with this Program and understand that this Release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named University of Connecticut. I further agree to save and hold harmless, indemnify and defend the University of Connecticut from any claim by me or my family, arising out of my participation in this Program. If any term of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby. I understand that I will be liable for any damage I cause to the Partnership's facilities.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Acknowledgement, or that in the event that I am not at least eighteen (18) years of age that my parent/guardian signs this Acknowledgement along with me in full knowledge and agreement with its contents, and that I execute this Release for full, adequate, and complete consideration, fully intending to be bound by, and bind my estate, family, heirs, administrators, personal representatives or assigns to, the same.

PARTICIPANT:

(Print Name)

(Signature)

(Date)

WITNESS:

(Print Name)

(Signature)

(Date)

Must be completed if participant is under 18 years of age:

Parent/Guardian further states that I am Participant's Parent/Guardian (**circle one**), and am fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant, and for Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

PARENT OR GUARDIAN

WITNESS

(Print Name)

(Print Name)

(Signature)

(Signature)

(Date)

(Date)