

In consideration of being permitted to participate in activities at the University of Maine at Machias (UMM) Center for Lifelong Learning (CLL), I hereby affirm and agree as follows:

- I am over the age of 18 years, or, if not, I have parental assent as evidenced by the signature below.
- To the best of my knowledge and belief, I am in good physical condition.
- I realize there are potential physical dangers and hazards to me in my use of these facilities and equipment, and a loss due to actions of other participants and my proximity to them in the room. It may involve considerable risk on my part, including the possibility of broken bones and other injuries.
- Therefore, inconsideration of being permitted to participate in activities at the UMM Center of Lifelong Learning, I do hereby agree to assume all the risks and responsibilities surrounding my participation there, and further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, identify and release and forever discharge the University of Maine system, its trustees, and all its officers, agents, and employees from and against any and all claims, demands and actions or causes of action, which may result from my participation and which result from causes beyond the control of and/or without the fault or negligence of the University of Maine system, its trustees, officers, agents, or employees during the period of my participation
- This Assumption of Risk and Release shall remain in effect from the date hereof and every day that I participate at the UMM Center for Lifelong Learning.

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

PRINTED NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

DATE OF BIRTH

SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE

FULL NAME (IF UNDER 18 USE PARENT'S INFO)

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

EMAIL ADDRESS

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER