

# Liability Release and Assumption of Risk for Activity Participation and Local Travel

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## LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

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This Release is executed by \_\_\_\_\_ whose  
Full Legal Name of Participant

address is \_\_\_\_\_, in release of the  
Full Address

University of Maryland, Baltimore County (together with other specified parties, collectively referred to in Article 1 within this Agreement as UMBC).

### 1.0 **Assumption of Risk and Release from Liability \ Expression of Desire to Participate**

I desire to participate in the \_\_\_\_\_ activity/trip ("Activity"), to be held during the period \_\_\_\_\_, and I fully understand and appreciate the

[beginning and end dates]

dangers, hazards, and risks inherent in local/domestic travel and/or other endeavors related to the Activity. Knowing the dangers, hazards, and risks of such activities, and in consideration of desiring to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), **I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the Activity and the transportation; and in advance I hereby release, waive, forever discharge, and covenant not to sue UMBC and/or specifically the UMBC \_\_\_\_\_ (organization or department sponsoring the activity), the officers, agents, faculty, and employees of either organization (all of whom are collectively called UMBC in later references within this agreement),** from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, while participating in the Activity. It is my express intent that this assumption of risk, release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and 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 UMBC.

### 2.0 **Non-availability of Medical Assistance**

I understand and agree that UMBC assumes no responsibility for providing any medical assistance or for any injury or damage which might arise out of or in connection with any medical emergency.

### 3.0 **Consent and Capacity to Execute Agreement**

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement.

Initials of Participant \_\_\_\_\_ (Page 1 of 2)

IN WITNESS WHEREOF, I have executed this release this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

ACTIVITY PARTICIPANT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

Witness:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)