



Assumption of Risk and Waiver of Liability

I hereby acknowledge and record my independent and voluntary decision to participate in the activities conducted at the event _____ by the event sponsor _____ on the event date _____.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm that as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

I also agree to follow all University of Kentucky policies and procedures and any applicable laws of the Commonwealth of Kentucky in which the activities take place.

Participant's Name

Signature

Date

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

Parent/Guardian's Name

Signature

Date