

## 2 Mile Walk, "Stomp out the Stigma"

### Fresh Check Week

### Participant Acknowledgement of Risk and Liability Release

*\*PLEASE PRINT CLEARLY\**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**UCONN Student ONLY:**

Net ID: \_\_\_\_\_

PeopleSoft#: \_\_\_\_\_

**For Minors Only:**

Parent/Guardian's Name: \_\_\_\_\_

**PLEASE READ ALL LANGUAGE BEFORE AGREEING. PARTICIPANT ASSUMPTION OF RISK & LIABILITY RELEASE. \*To be completed prior to the walk start and submitted to the Stomp out the Stigma Committee.\***

This is an acknowledgement of risk and legally binding release made by me, (*your name*) \_\_\_\_\_, to the University of Connecticut (hereinafter "University"), the *Stomp out the Stigma Committee*, and the State of Connecticut (hereinafter, the "Releasees"), given in exchange of the acceptance of my registration and being permitted to participate in the *Stomp out the Stigma* walk on (*date*)\_(hereinafter "activity").

As a participant in this activity, I have, at my own initiative, requested permission from the Releasees to participate in the proposed activity. I understand that I am not required to participate in this activity by the Releasees, but that I want to do so on my own free will, in recognition of the possible danger and risks involved. I fully recognize that there may be direct, indirect or inherent risks and hazards involved in this activity, including but not limited to: fractures, broken bones, concussions, collisions, accidents, illness, falls, bruises, sprains, torn muscles and ligaments, other physical injuries, and possibly event death.

I agree to follow all rules of the activity, including all traffic and pedestrian laws and cautions. I agree to follow the assigned route for this activity. I understand that vehicular traffic will be present on the route.

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

requisite mental and physical health to participate in this activity and will not endanger other participants or spectators or individuals on campus.

In consideration of and in return for participation in this activity at the University's Storrs campus and with the *Stomp out the Stigma Committee*, it is my express intent to indemnify and hold harmless the University, the *Stomp out the Stigma Committee*, and the State of Connecticut and its members, officers, trustees, employees, agents and representatives, or any affiliated individuals and volunteers herein releasing the University, the *Stomp out the Stigma Committee*, and the State of Connecticut and its representatives from any and all liability, claims, and/or actions that may arise from injury or harm to myself, my property, or harm or injury to others, or to damage to University property, in connection with this activity. I understand that I will be liable for any damage I cause to the University as a result of my participation.

I also agree to assume of the risks and responsibilities in any way associated with my participation in this activity and understand that this Acknowledgement of Risk and Liability Release 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 Releasees. I further agree to save and hold harmless, indemnify and defend the Releasees from any claim by my family or me or by others arising out of my participation in this activity.

I also understand that photographs and/or filming may take place during participation in this activity. I agree to allow the Releasees to use photos or footage obtained during my involvement in the activity in promotional or archival activities, including social media.

If any term of this Acknowledgment of Risk shall be held illegal, unenforceable, or in conflict with any law governing Acknowledgement and Release, the validity of the remaining portions shall not be affected thereby. Any action, arbitration or mediation arising out of my participation in this activity will be governed by the laws of the State of Connecticut.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Acknowledgement and Release, or that in the event that I am not at least eighteen (18) years of age that my parent/guardian signs this Release and Authorization along with me in full knowledge and agreement with its contents, and that I sign this Acknowledgement and Release on behalf of myself 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 representations or assigns to, the same.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**By signing below, you acknowledge that you are in agreement with all terms and conditions of the above Release.**

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Or

Minor's Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_