

ASSUMPTION OF RISK AND RELEASE

In consideration for my participation in the _____ Trip
scheduled for _____, I hereby understand and agree that:

1. My participation in this event may necessarily involve some elements of risk, and I voluntarily will assume that risk as a prerequisite to my going on this Trip.
2. I understand that the University of Virginia and its officers, employees and agents will not be responsible for any harm that may occur to me in connection with my participation in this Trip.
3. I hereby voluntarily waive and forever release, on my behalf and on behalf of any successors in interest, the Commonwealth of Virginia, the University of Virginia, and the officers, employees, and agents of either, from any claim I might have for injury, property damage, or death caused by, or associated with the Trip, including attorneys' fees, except for such injury, damage, or death that is caused by the gross negligence or willful misconduct of the University.
4. By my signature below I hereby agree that I have voluntarily agreed to, and fully understand, this Assumption of Risk and Release, and that the medical insurance information below is accurate and complete.
5. I acknowledge that I currently carry valid medical insurance.

(Participant Signature)

Date: _____

Signatures of parents or guardians for student under 18:
