**UNIVERSITY OF MARYLAND, COLLEGE PARK**

**Informed Consent and Release**

I am a member of the University of Maryland, College Park (University) student body. I desire to participate in the SPONSORING UNIT’s EVENT (hereinafter the "Event") to be held on DATE in the LOCATION. In consideration of being permitted to participate in the Event, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I understand that the Event typically offers activities which may include, but are not limited to: LIST ACTIVITIES.
2. As with any activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. I recognize and understand that some of the activities are physically demanding and that each may involve risks to my health and safety. Possible risks and hazards include, but are not limited to cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears and other bodily injuries; bites, contact with animal fluids, heat prostration, allergic reactions, heart attacks, temporary or permanent disabilities and in some cases, death.
3. Should I require emergency medical treatment as a result of illness, injury or accident during the Event, I authorize such aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital of which I agree to be solely responsible for any associated cost.
4. I understand that neither the State of Maryland nor the University of Maryland offers or provides any medical, health or other insurance for persons who participate in the Event and that I am solely responsibility for obtaining insurance and/or paying any medical expenses I may incur as a result of participating in the Activities.
5. I will notify the University in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee-string reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.
6. Further, I understand that with this Informed Consent & Release, I am expressly granting the University permission to use and release my likeness in either photographic or videographic format for future University use. Finally, I understand that I am free to withdraw my consent in writing for future use at any time without penalty. The University will not be required to notify me prior to using or releasing my likeness.
7. Knowing the dangers, hazards and risks associated with the Event, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in the Event.
8. To the fullest extent permitted by law, I hereby release and forever discharge, and agree to indemnify and hold harmless the State of Maryland, the University of Maryland, and their departments, officers, agents, employees, and volunteers (Released Parties) from and against any and all liabilities, claims, demands, causes of action, costs and expenses, (including attorneys’ fees and related litigation costs) incurred by any of the Released Parties arising out of or relating to my participation in or involvement with the Event, or use of University equipment and facilities, whether due to the negligence, default or other action or inaction of any person or entity, including the Released Parties.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

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Print Name Birth Date

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Signature of Participant Date

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Name, Relationship & Daytime Phone of Person to Contact in Emergency