

I do hereby release & forever discharge the University, & all of its officers, agents, employees, trustees, &/or successors in interest, from & against any & all claims of damages, demands, & actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation. Specifically, I release the University, & all of its officers, agents, employees, trustees, &/or successors in interest from any claim against them, which relates to my participation in activities related to the event while on the campus of the University. I acknowledge for myself that I am the recipient of a privilege from the University. I understand that privilege is a tangible benefit to me. I also fully understand that my participation in activities related to the event at the University is voluntary & that I am not required to participate. I hereby attest & verify for myself that I have full knowledge of the risks involved in participation in the event at the University & assume those risks, & will assume & pay my own medical expenses & emergency expenses in the event of an accident, illness, or other incapacity. I attest that I am physically fit & sufficiently trained to participate in the event at the University. Should injury or illness occur while on campus, I give my permission to receive treatment, if necessary, from UCA Student Health Services &/or a local Conway health-care provider at my expense. I, for myself, accept full responsibility for any use of all facilities, including property of the University; & agree to make full restitution with regard to any compensation required as a result of my participation or use, misuse, damage, or negligence to such properties. It is my express intent that this Agreement for Assumption of Risk & Release shall bind the members of my family & spouse, if I am alive, & my heirs, assigns or personal representatives, if I am deceased, & shall be deemed as a RELEASE, WAIVER, DISCHARGE & COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST THE ABOVE-NAMED RELEASEES. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS. I further hereby agree to indemnify & hold harmless the releasees from any loss, liability, damage or costs, including court costs & attorney's fees, that they may incur due to my participation in said activity, whether caused by negligence of releasees or otherwise. In signing this Agreement for Assumption of Risk & Release, I acknowledge & represent that I have read the foregoing & freely & voluntarily agree to its terms. I further acknowledge that no oral representations, statements or inducements, apart from the foregoing written Agreement, have been made, & that I am at least eighteen (18) years of age & fully competent. In witness whereof, I have caused this Agreement for Assumption of Risk & Release to be executed this day.

*IF THE UNDERSIGNED IS A MINOR (UNDER 18 YEARS OF AGE), A PARENT OR LEGAL GUARDIAN MUST SIGN THE DOCUMENT BELOW. AGREEMENT FOR ASSUMPTION OF RISK & RELEASE OF PARENT OR LEGAL GUARDIAN FOR MINOR I acknowledge and represent that I have read the foregoing for Assumption of Risk & Release, and that I understand and sign it on behalf of my minor son/daughter, voluntarily as my own free act and deed. I further acknowledge that no oral representations, statements or inducements, apart from the foregoing written Agreement, have been made. It is my express intent that this Agreement for Assumption of Risk & Release shall bind the members of my family and spouse, if I am alive, my heirs, assigns or personal representatives, if I am deceased, & shall be deemed as a RELEASE, WAIVER, DISCHARGE & COVENANT NOT TO INSTITUTE LEGAL ACTION AGAINST RELEASEES NAMED IN THE AGREEMENT FOR ASSUMPTION OF RISK & RELEASE ATTACHED HERETO. I HEREBY FURTHER AGREE THAT THIS RELEASE SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARKANSAS. In witness whereof, I have caused this Release of Parent or Legal Guardian for Minor to be executed this day.