

Release of Liability and Authorization for Use of Likeness



PARTICIPANT:

_____ **Print Name of Participant**

_____ **Date of Birth**

_____ **Address**

_____ **Phone #**

_____ **Dates Attending**

EMERGENCY CONTACT:

_____ **Print Name**

_____ **Relationship**

_____ **Phone #**

By signing this Agreement, I voluntarily agree to participate in: (I) the use of the UConn Student Recreation Facility or any related UConn facilities in which UConn Recreation Programs are conducted ("Facilities") or (II) any program or event provided by UConn Recreation ("Programs"):

Release of Liability ("Release")

I understand that participation in Facilities and Programs may include strenuous physical activities that may include, but are not limited to: stretching, walking, running and other forms of exercise and may involve physical contact with others. I assume all responsibility and risk that may arise from or in connection with Facilities and Programs, including but not limited to: strains, sprains, bruises, broken bones, concussions, other physical injuries, accidents, illness, property loss or even death.

I understand that participation in Facilities and Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I also understand that the University of Connecticut does not require me to participate in Facilities and Programs, but I want to do so of my own free will, despite the possible dangers and risks.

I will comply with all rules and policies of the Facilities and Programs as set forth in www.recreation.uconn.edu and understand that a failure to comply could result in my suspension or dismissal from membership or participation in the applicable Facilities or Programs.

I assure the University of Connecticut that there are no health-related reasons or problems which preclude or restrict my participation in Facilities and Activities, and that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my participation in Facilities and Activities.

In consideration of and return for participation in Facilities and Activities and any other assistance provided to me by the University of Connecticut, it is my express intent to indemnify and hold the University of Connecticut and its respective officers, directors, employees, agents, and successors ("University") and the State of Connecticut harmless, herein releasing the University and the State of Connecticut from any and all liability, claims and/or actions whatsoever that may arise from injury or harm to me, either from my death or from damage to 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 Facilities.

I also agree to assume all of the risks and responsibilities in any way associated with my participation in Facilities and Activities and understand that this Release and hold harmless agreement 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 University.

I further agree to save and hold harmless, indemnify and defend the University from any claim by me or my family, arising out of my participation in Facilities and Activities referenced herein. This Release shall be governed by the laws of the State of Connecticut. If any term of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Authorization for Use of Likeness ("Authorization")

I authorize the University and its agents to record photographs or other portraits or likenesses of me on videotape, audiotape, film, photograph or any other medium and to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for marketing or any other purpose that the University deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Release and Authorization, 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 execute this Release and Authorization for full, adequate, and complete consideration, fully intending to be bound by, and bind my estate, family, heirs, administrators, personal representatives or assigns to, the same. I have read the entire Release and Authorization, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

PARTICIPANT:

_____ **Print Name**

_____ **Signature**

_____ **Date**

If Participant is under the age of eighteen (18), the signature of at least one parent, or of a legal guardian, must be supplied.

PARENT/LEGAL GUARDIAN:

_____ **Print Name**

_____ **Signature**

_____ **Date**