

UMOC Cabin Rental

To be completed by all Participating Individuals

Trip Date: _____

PARTICIPANT INFORMATION

Print Last Name First Name

Local Address Apt# Zip

Local Phone / Cell Phone

Permanent Address Apt# Zip

E-mail Address

EMERGENCY CONTACT INFORMATION

Last Name First Name

Relationship to Student

Emergency Contact Address

Emergency Contact Phone

Physical Condition:

I am physically fit to participate in the trip to the UMOC Cabin in which I have chosen to participate, and have not been advised otherwise by a medical practitioner. _____ Participant or Parent/Guardian Initials

Photo/Image Release

I hereby authorize, the University of Massachusetts Amherst to use, reproduce, and/or publish photographs and/or video that may pertain to me— including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the University's Internet Website. _____ Participant or Parent/Guardian Initials

Liability Release

My signature below verifies that I am eighteen years of age or older and have voluntarily applied to participate in activities for the organization listed above. I acknowledge that the nature of my participation in this event may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the University of Massachusetts, Amherst, their governing boards, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation, whether caused by negligence of the University of Massachusetts, Amherst, their governing boards, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Massachusetts, Amherst, their governing boards, officers, employees, and representatives from liability for the injury or death of any person(s) and damage that may result from my negligent or intentional act or omission while participating.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY RIGHTS I HAVE TO BRING A CLAIM AGAINST OR SUE THE RELEASEES FOR INJURIES OR DAMAGES. I FURTHER UNDERSTAND THAT THIS IS A CONTRACT THAT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS, AND LEGAL REPRESENTATIVES.

Signature of Participant

Date Signed

Signature of Parent or Guardian – Participants under 18 only

Date Signed