



ASSUMPTION OF RISK AND RELEASE

Participant:

Last Name: _____ First Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Event/Activity Information:

Name of Event/Activity: _____ Date of Event/Activity: _____

Event/Activity Location and Address: _____

Check the applicable box:

☐ I, the above participant (Participant) am eighteen years of age or above and acknowledge that I intend to participate in the

_____ (Event/Activity) at _____

(Event/Activity Location and Address) on _____ (Date of Event/Activity).

☐ I am the parent/legal guardian of the above-named participant (Participant) who is under eighteen years of age, and I am fully

competent to sign this release. I give permission for Participant to participate in the _____

(Event/Activity) at _____ (Event/Activity Location and Address) on

_____ (Date of Event/Activity).

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, recognize that there are risks and hazards directly or inherently involved in the Activity and that Participant may become injured during participation. With full knowledge of the facts and circumstances surrounding this Activity, I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, voluntarily undertake this Activity/voluntarily give permission for the Participant to undertake this Activity and KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, OF PROPERTY DAMAGE, AND/OR PHYSICAL AND/OR EMOTIONAL INJURY AND HARM, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CENTRAL CONNECTICUT STATE UNIVERSITY, FROM THE PARTICIPANT'S PARTICIPATION IN THIS ACTIVITY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure officials of Central that Participant has adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from the Participant's participation in this Activity. I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure Central that there are no health-related reasons or problems that preclude or restrict the Participant's participation in this Activity.

IN CONSIDERATION OF CENTRAL PERMITTING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO HOLD THE STATE OF CONNECTICUT, THE CONNECTICUT STATE UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, AND CENTRAL, THEIR EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER, INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF CENTRAL, WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. THE TERMS HEREIN SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL MEMBERS OF MY FAMILY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, have read the foregoing and fully understand its contents. I understand that by signing this assumption of risk and release of liability agreement, I will be giving up substantial rights and I sign this document freely and voluntarily without any inducement.

This document shall be construed in accordance with the laws of Connecticut, without regard to its principles of conflicts of laws.

Participant Signature (if 18 or over)_____ Date _____

Name of Parent/Guardian (if Participant is under 18) _____

Signature of Parent/Guardian _____ Date _____

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