

LIABILITY RELEASE

This is a legally binding Release made by me, _____, to the University of Massachusetts (University).

I fully recognize that there are dangers and risks to which I may be exposed by participating in THE ACTIVITES during THE LET'S GO GIRLS CLINIC. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity: any injury that could result from participating in a sporting activity. I understand that the University does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree, in consideration of and return for the services, facilities, and other assistance provided to me by the University in this activity, to RELEASE the University (and its Board of Trustees, officers, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with my participation in this activity. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the University.

I recognize that this RELEASE means I am giving up, among other things, rights to sue the University, its Trustees, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

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

(Releasor's Signature/Date)

(Witness Signature/Date)

(Parent or Guardian Signature if Releasor is under 18 years old)

(Date)