



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In exchange for being granted permission to participate in activities sponsored by any officially recognized administrative department(s) or organization(s) on the campus of the University of Maryland Eastern Shore during the current fiscal year, I hereby RELEASE, WAIVE, DISCHARGE, and AGREE NOT TO SUE the University of Maryland Eastern Shore, the University System of Maryland, the University System of Maryland Board of Regents, the State of Maryland, and their officers, agents, employees, or representatives (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions, or causes of action related to any loss, damage, or injury, including death, that I may experience or that may affect my property, whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the activity or being present at the location where the activity is held.
2. I fully understand the unique risks and potential hazards associated with this activity, including but not limited to travel-related risks and other dangers inherent to the activity itself. Despite these risks, I voluntarily choose to participate, acknowledging that it may pose a threat to my safety and property. I ACCEPT FULL RESPONSIBILITY for any potential loss, property damage, or personal injury, including death, that I may experience, as well as any damage or loss to my belongings, whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
3. I also agree to INDEMNIFY and HOLD HARMLESS the RELEASEES from any loss, liability, damage, or expenses, including court costs and attorney fees, that they may incur because of my participation in this activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
4. I acknowledge that the University of Maryland Eastern Shore does not provide any insurance coverage, other than fleet insurance, for incidents related to my participation in this event or any associated activities. Therefore, I understand that it is my responsibility to review my personal insurance coverage.
5. It is my explicit intention that this Waiver of Liability and Hold Harmless Agreement be binding upon my family members and spouse if I am alive, and upon my heirs, assigns, and personal representative if I am deceased. This agreement shall serve as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the RELEASEES. Furthermore, I agree that this Waiver of Liability and Hold Harmless Agreement shall be interpreted and enforced in accordance with the laws of the State of Maryland.
6. I further agree to travel to and from the activity/event using the transportation provided or approved by the adviser. If I choose to use my own transportation, I waive all claims against the University in the event of an accident, injury, or death. Additionally, I agree to meet the adviser or chaperone(s) at the designated times

and locations for departure and understand that failure to adhere to the established student conduct standards for the trip or follow the instructions of the adviser/chaperone(s) may result in consequences.

7. By signing this Release, I acknowledge and confirm that I have read and fully understand the Waiver of Liability and Hold Harmless Agreement. I sign this document voluntarily as my own free act, without reliance on any oral statements, representations, or inducements beyond what is stated in this written agreement. I affirm that I am at least eighteen (18) years old, fully competent, and executing this Release in exchange for full and adequate consideration, with the intent to be legally bound by its terms. I understand that this agreement remains in effect for one academic year.

Signed on this _____ day of _____, 20_____
(DATE) (MONTH) (YEAR)

Participant's ID #: _____

Participant's Printed Name: _____

Participant's Signature: _____

TO BE COMPLETED BY A PARENT OR GUARDIAN IF THE PARTICIPANT IS UNDER 18:

The parent/guardian grants permission for the minor to participate in this event, authorizes the University of Maryland Eastern Shore to seek reasonable and necessary medical treatment for the participant during the event or related activities, and agrees to assume responsibility for any costs associated with such treatment.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____