

Student Activity/Trip Release and Indemnification Agreement

Student (Name and Address):

Description of Activity or Trip:

Date:

Location:

I acknowledge that the nature of the above-referenced activity or trip may expose me to hazards or risks, including personal injury, illness, disability, death, or damage to property, which may occur from known or unknown causes.

In consideration for my participation in the activity or trip, I understand, assume, and accept all such hazards and risks and I agree for myself, my estate, heirs, personal representatives, administrators, and assigns, to release and discharge, covenant not to sue, indemnify and hold harmless the University of Baltimore ("UB"), the University System of Maryland ("USM"), the State of Maryland, and their members, officers, agents, employees, successors and assigns, and any other persons or entities acting on their behalf ("the Releasees") from and against any and all claims, demands, causes of action, damages, losses, costs or expenses, arising from or relating in any way to my participation in the activity or trip, whether caused by negligence of the Releasees or otherwise.

I further agree to defend, indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and/or damage to property that may result from my negligent or intentional act or omission in connection with my participation in the activity or trip.

I have carefully read this form and fully understand its contents. I am aware that this is a release of liability, a waiver of claims, an agreement not to sue, an indemnity and a contract between me and UB, and for the benefit of others described herein. I sign this of my own free will.

Parent or Guardian of a Minor: I, as parent or guardian of the above-named minor, hereby give my permission for my child or ward to participate in the above-named trip or activity and further agree, individually and on behalf of my child or ward, to the terms of the above.

Participant's signature: _____

Date: _____

Signature of Witness: _____

Date: _____

Parent's or guardian's signature if participant is under 18:

Date: _____

Signature of Witness: _____

Date: _____