UNIVERSITY OF MINNESOTA DULUTH
OUTDOOR PROGRAM

RELEASE OF LIABILITY

COURSE NAME: _____

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: (____)_____
street city state zip

I, _____, wish to participate in an Outdoor Program activity at the University of Minnesota Duluth. I am informed that Outdoor Program activities are led by Outdoor Program selected people who may or may not be University employees and that they function as representatives of University event.

I recognize that every Outdoor Program activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage to or loss of property which I may incur due to negligence or accidental occurrences while I am participating in an Outdoor Program activity.

In consideration of the opportunity to participate in an Outdoor Program activity, I, on behalf of myself, my agents, heirs and next of kin, hereby release the Regents of the University of Minnesota and its representatives, employees, Regents, officers and agents from any responsibility or liability for personal injury, including death, and damage to or loss of property, that I may incur due to the acts of the Outdoor Program, excluding intentional negligence, or my own negligence or due to accidental occurrences while I am traveling to or from, engaged in practice or competition, being coached, using or operating equipment or otherwise participating in an Outdoor Program activity.

I verify that I have no physical disability, impairments or chemical dependencies that might inhibit my participation in Outdoor Program activities, and I agree to abide by all University of Minnesota Duluth and applicable Outdoor Program regulations regarding my participation in an Outdoor Program activity.

I, the undersigned, am at least 18 years of age, am competent to sign this release, and have read carefully and understand all its terms.

Signed: _____ Date: _____

NOTICE: Participants under 18 years of age must have this release co-signed by their parents or guardians.

Parent or guardian Co-signature: _____ Date: _____

Witnessed by: _____ Date: _____

9-19-96 KG