

Assumption of Risk and Waiver of Liability

I hereby acknowledge and record my	-	•	•	
conducted at the event			b	y
the event sponsoron the event date				
on the event date		•		
I understand that my participation in t regarding personal injury.	his activity may e	ntail certain anticipated	d and unanticipated risks	
I hereby acknowledge my voluntary a regarding any injuries that I may incu			•	
I hereby assume any and all risks asso- hold harmless, the University of Kent from and against any and all liability to however caused, arising out of, in asso- activity.	ucky, its trustees, for loss, damage, i	directors, officers, age injury, illness or claim	nts, employees and assigns of any nature whatsoever,	;
I further acknowledge and affirm that University of Kentucky, I will not be limited to coverage by the Worker's C	entitled to any ber	nefits of the aforement		
I also agree to follow all University of Commonwealth of Kentucky in which			any applicable laws of the	
Participant's Name	Signature	Date		
A PARENT OR GUARDIAN MUST SIG	GN THIS FORM F	OR A MINOR UNDER	THE AGE OF 18	

Signature

Date

Parent/Guardian's Name