ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date __/__/___ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

1	PRINTED NAME	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
2					
4					
_					
6					
7					
16					
17					
18					

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date __/__/___ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

PRINTED NAME	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
20				
21				
22				
23				
24				
25				
26				
27	·			
28	- <u></u>			
29				
30				
31				
32				
33				
34				
35				
36				<u> </u>



ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date ___/____ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

PRINTED NAME	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
37				
38				
39				
41				
42				
43				
44				
45				
47				
48				
49				
50				
51				
52				
53				
54				



ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date __/_/___ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

PRINTED NAME 55	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date __/_/___ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

73	PRINTED NAME	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
86					
87					
89					

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date __/__/___ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

PRINTED NAME 91	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
92				
93				
94				
97				
98				
99				
100				
101				
102				
103				
104				
105				
106				
107				
108				

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date __/__/___ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

PRINTED NAME	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
110				
111				
112				
113				
114				
115				
116				
117				
118				
119				
120 121				
122				
123				
124				
125				
126				

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I hereby acknowledge and record my independent and voluntary decision to participate in the activities on the event date __/__/___ at the event ______ by the event sponsor______.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this activity.

I hereby assume any and all risks associated with the event and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this activity.

I further acknowledge and affirm as a participant in this activity and if I am not an employee of the University of Kentucky, I will not be entitled to any benefits of the aforementioned, including, but not limited to coverage by the Worker's Compensation Act.

PRINTED NAME	SIGNATURE	UK Student/Staff ID #	DATE	TEAM NAME
129				
100				
131				
132				
133 134				
137				
138				
139				
140				
141				
142				
143				