



## ASSUMPTION OF RISK

This form must be filled out to participate in any SAGE activities.

Your Name (Please Print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In consideration of being permitted to participate in this program at the University of Maine of Presque Isle, I hereby affirm and agree to the following terms:

- I realize there are potential physical dangers and dangers to me by participating in this program, and I accept the risk involved. I realize that these physical dangers could include the possibility of broken bones and injuries.
- Therefore, I do for myself, my heirs and my personal representatives, defend, hold harmless, indemnify and release the University of Maine at Presque Isle, and all of its officers, agents and employees from and against all claims, demands, actions, and causes of actions resulting from any injuries to me, including death, which may be a result of my participation in the activities and/or field trip(s) and which results from causes which are not the fault of and negligence of the University of Maine at Presque Isle, its officers, agents, or employees during the period of my participation in this activity.
- This assumption of risk and release shall remain in effect from the date hereof to and for the period during which I am a participant in this SAGE program at the University of Maine at Presque Isle.

"Despite efforts to minimize risks, the University cannot categorically guarantee that any person entering University campuses or facilities will not contract COVID-19 or any other communicable disease and any such person must assess and accept the risks of illness or injury for themselves."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I hereby affirm that I am (name) \_\_\_\_\_ and without further consideration I hereby irrevocably consent that any photograph (s) which may be taken by representatives of the University of Maine at Presque Isle and/or their assignees during the SAGE program may be used for news media coverage and publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the ZOOM classes may be recorded to be used by people not able to attend the actual class. If I do not want my picture to appear in the recording, I will turn my camera off. I also understand that I can rename myself so even my name does not appear as an attendee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_