



**UNH CAMPUS RECREATION DEPARTMENT
ASSUMPTION OF RISK AND RELEASE AGREEMENT**

I, (please print) _____, in full recognition and understanding of the responsibilities, hazards, and dangers inherent in activities and programs available in and the use of the equipment provided by the University of New Hampshire Campus Recreation Department (UNH), do hereby agree, on behalf of myself and members of immediate family: (a) to assume all risks and responsibilities involved in such participation, and (b) to release and hold harmless the University of New Hampshire, the University System of New Hampshire (USNH), and their officers, trustees, agents and employees from and against all claims, demands, actions, and causes of actions for damages sustained or incurred due to bodily injury or property damage, or death arising from participation or use of UNH programs or equipment. I understand that individuals have unique capacities for participating in programs and activities such as those being offered by UNH, and I acknowledge that part of the risk I agree to assume by my participation is relative to my own state of fitness and health as well as to the awareness, care and skill with which I conduct myself in the activities. I further understand that the activities, programs and services offered by UNH are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals, and I understand that UNH makes no claim that such employees, staff, or volunteers offer assessment or treatment of any mental or physical condition. I also recognize that by participating in the activities and programs available in and the use of the equipment provided by UNH, I may experience a variety of health-related symptoms such as light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps or nausea. I also understand that my participation may cause injury and/or death. This release intends to cover all events, including those that occur because of negligence on the part of UNH, USNH or their officers, agents, or employees.

Print Name _____
Signature _____ Date _____