

UNIVERSITY OF NEW ENGLAND

RELEASE OF LIABILITY and BEHAVIOR AGREEMENT

The University of New England ("UNE" or "the University") seeks to ensure the health and safety of all UNE students and employees engaged in University sponsored events and activities. These activities may take place on or off University property and may or may not be conducted under the supervision of a UNE instructor or staff member. Although the University takes steps to ensure your health and safety while you participate in these activities, no one can guarantee another's absolute safety.

To this end, prior to participating in a UNE club sponsored activity, it is necessary for you to read, understand and sign this "Release of Liability Form" ("Release Form"). As stated below, this Release Form releases the University, its agents, employees, officers, directors, trustees and/or student organizations from any and all liability for any harm and/or injury you may suffer while participating in a UNE club sponsored activity. You may wish to have your parent/legal guardian review this Release Form with you so that you understand completely its terms and conditions. If you choose not to sign this Release Form, you will not be allowed to participate in the UNE club sponsored activities.

I, _____, **ON BEHALF OF MYSELF, MY FAMILY AND ALL OTHERS KNOWN TO ME HEREBY RELEASE AND FOREVER DISCHARGE THE UNIVERSITY OF NEW ENGLAND ("UNE" OR "THE UNIVERSITY"), ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, TRUSTEES AND/OR CAUSES OF ACTION FOR ANY AND ALL HARM AND/OR INJURY, INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY OR DEATH THAT I MAY SUSTAIN ON ACCOUNT OF, ARISING OUT OF OR WHILE I AM ENGAGED IN UNE CLUB SPONSORED ACTIVITIES.**

BY SIGNING THIS RELEASE FORM, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS RELEASE FORM AND THAT I VOLUNTARILY DECIDED WHETHER OR NOT TO SIGN THIS RELEASE FORM.

Please note: If you are under eighteen (18) years of age, both you and your parents/legal guardian must sign this Release Form prior to your participation in any UNE club sponsored activities

Fill out the below information prior to each activity:

Student's Signature:

Trip Description:

Date(s):

Parent's/Legal Guardian's Signature (If necessary) _____

Behavioral Agreement

Name: _____

Date: _____

I, _____, have read the document "Off-Campus Program Expectations." I understand that my participation in this program is conditional upon my agreeing to behave in accordance with these expectations and that I will be held accountable for my behaviors should I behave inappropriately or violate the Conduct Code while participating in this event.

Name (signature) _____

Name (print) _____

University of New England Medical Information Form

PARTICIPANT INFORMATION

NAME _____ UNE ID (PRN) _____

LOCAL ADDRESS _____

PHONE NUMBER _____

AGE _____ HEIGHT _____ WEIGHT _____

PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

NAME _____

ADDRESS _____

DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

MEDICAL INFORMATION AND HISTORY

PRIMARY CARE PHYSICIAN _____ PHONE NUMBER _____

LIST ANY MEDICATIONS TO WHICH YOU ARE ALLERGIC: _____

LIST ANY OTHER ALLERGIES (FOOD, PLANTS, INSECTS, ETC.) _____

NATURE OF REACTIONS _____

IF YOU CARRY AN EPI-PEN, DO YOU HAVE ONE WITH YOU NOW? YES NO

LIST ANY ILLNESSES OR CONDITIONS FOR WHICH YOU ARE NOW UNDER TREATMENT OR OF WHICH WE SHOULD BE MADE AWARE:

WHAT MEDICATIONS, IF ANY, DO YOU CARRY AND FOR WHAT CONDITION?

PLEASE INFORM TRIP LEADERS OF THE LOCATION OF ANY MEDICATIONS OR EPI-PENS WHILE ON THIS TRIP IN CASE OF EMERGENCY.

I hereby authorize the release of this information to the appropriate medical personnel or in the event of a wilderness trip, to the appropriately trained University staff or student trip guides.

Signature: _____

I hereby give permission to treat me to the appropriately trained University staff or student trip guides in the event that wilderness situations warrant such treatment.

Signature: _____