

Waiver Form

Today's Date:

Date of Program:

Name of Organization:

Type of Program:

Location:

Contact Person:

Phone:

Email:

I understand that _____ can be a dangerous activity, and I assume all risks and hazards connected with my involvement as a participant. I shall hold harmless the University of Connecticut, and all sponsors including: _____, and their paid and volunteer staff from all losses, cost, and expenses arising from personal injuries or indirectly from my involvement in this event.

Signature: _____

Phone: _____

Witness: _____