**ASSUMPTION OF RISK AND RELEASE**



PARTICIPANT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Last Name) (First Name) (MI)

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 (Street)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) ( Zip Code)

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am eighteen years of age or older and acknowledge that I intend to participate in the Connecticut Space Grant Consortium sponsored Rotary Wing Engineering Helicopter/and UAV Program (“Activity”) at Central Connecticut State University (CCSU), 1615 Stanley Street, New Britain, CT. 06050 from June 16 - 21, 2013.

I recognize that there are risks and hazards directly or inherently involved in the Activity and that I may become injured during my participation. With full knowledge of the facts and circumstances surrounding this Activity, I voluntarily understand this Activity and assume all responsibility and risk from my participation in this Activity, including all risk of loss or limb or life, property damage, injury to others, and other hazards to me.

I assure officials of CCSU that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this Activity and that I will indemnify and hold harmless CCSU and its employees and agents for any injury, including loss of limb or life, of any person(s) and for any property damage caused by my negligence or intentional act or omission.

I hereby release CCSU and its employees and agents from any liability whatsoever arising out of my participation in this Activity, including but not limited to, any damage to my property or the property of others and/or injury to myself or to others, including loss of limb or life, resulting from my negligence or the negligence of CCSU and its employees and agents.

I assure CCSU that there are no health-related reasons or problems that preclude or restrict my participation in this Activity.

The foregoing is submitted in consideration of CCSU allowing me to participate in this Activity. I execute this document with full knowledge of the contents and consequences stated in this Release.

 PARTICIPANT WITNESS

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Signature Signature

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Printed Name Printed Name

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Date Date