University of the Virgin Islands
Release and Waiver of Liability

As consideration for my participation in the
____________________________________________________________, (activity) I hereby for myself, family, heirs, executors, administrators and assigns waive, release and forever discharge The University of the Virgin Islands and its Board of Trustees, officers, employees and agents from any and all liabilities, demands, claims, damages, losses, costs (including attorney’s fees), actions and causes of action arising out of or in connection with my participation in the above listed activity and/or the use of The University of the Virgin Islands facilities, furnishings, or equipment during this event. I also acknowledge that The University of the Virgin Islands and its Trustees, officers, employees and agents assume no responsibility for any bodily injury, death, loss, illness or accident to myself or others or damage to personal property which may arise out of my participation in this event.

I fully understand and hereby acknowledge that participation in this event involves many risks, including the risk of serious bodily injury and death. In consideration of being allowed to participate in this event listed above, I voluntarily accept and assume all responsibility for and risk of such personal injury arising out of my participation.

I understand and agree that the University of the Virgin Islands and its Trustees, officers, employees’ or agents are granted permission to authorize emergency medical treatment, if necessary, and that such action shall be subject to the terms of this agreement. I understand and agree that The University of the Virgin Islands and its Trustees, officers, employees and agents assume no responsibility for any injury or damage which might arise out of or in connection with such authorized medical treatment.

I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms and I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the extend allowed by the laws of the Virgin Islands.

This is a release of legal rights, read and be certain you understand before signing

Signature:_________________________________________   Date___________________

Print Name:_________________________________________

If under 18, this form must be signed by a parent of guardian before participation.

(Print) Parent or Guardian   Signature       Date