



University of the Virgin Islands Release and Waiver of Liability

As consideration for my participation in the Environmental Learning Outside of the Classroom, 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 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 agent 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 an injury or damage that may 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 extent allowed by the laws of the Virgin Islands.

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

Signature: _____ Date: _____

Print name: _____

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

(Print) Parent or Guardian

Signature

Date



Photo Release - Minor

I, _____ (parent or guardian), do hereby give the University of the Virgin Islands and _____, (the photographer), their assigns, licensees, successors in interest, legal representatives, and heirs the irrevocable right to use my child's name _____ (or any fictional name), picture, portrait, or photograph in all forms and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes. I waive my right to inspect or approve the photograph(s) or finished version(s) incorporating the photograph(s), including written copy that may appear in connection therewith.

I hereby release and agree to hold harmless the University of the Virgin Islands and the photographer, _____, their assigns, licensees, successors in interest, legal representatives and heirs from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the photographs, or in any processing tending toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I agree that the University of the Virgin Islands owns the copyright of these photographs and I hereby waive any claims I may have based on any usage of the photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel. I agree that this release shall be binding on me, my legal representatives, heirs and assigns. I have read this release and am fully familiar with its contents.

Model Name

Print: _____ Sign: _____

Parent/Guardian Name

Print: _____ Sign: _____

Address: _____ Date: _____

_____ Phone: _____

E-mail: _____