

University of Massachusetts, Amherst  
Exploring UMass Veterinary Science Track  
**June 25, 2018**  
**LIABILITY RELEASE**

This is a legally binding Release made by me, \_\_\_\_\_, to the University of Massachusetts, Amherst (University).

I fully recognize that there are dangers and risks to which my child may be exposed by participating in the Exploring UMass Veterinary Science Track. I understand that there is an element of unpredictability involved in animal behavior that cannot always be controlled by the 4-H volunteer leader(s) or staff. The following is a non-inclusive description and examples of possible specific, significant, non-obvious dangers and risks associated with this activity:

- Participant contracting an illness at the event;
- Animal or participant causing or suffering an injury during the event;

I understand that each participant and his/her parent(s) or legal guardian(s) if under the age of 18 years, will be solely responsible for any loss, injury or damage to any participant occasioned by my child's actions, or for loss, injury or damage. I also understand that the University does not require my child to participate in this activity, but I want her/him to do so, with the assistance of a screened 4-H volunteer leader(s) or staff despite the possible dangers and risks and despite this Release.

I therefore agree, in consideration of and return for the services, facilities, and other assistance provided to my child and myself by the University in this activity, to RELEASE the University (and its Board of Trustees, officers, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to my child, from my child's death or from damage to my property in connection with my participation in this activity. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the University.

I recognize that this RELEASE means I am giving up, among other things, rights to sue the University, its Trustees, employees, and agents for injuries, damages, or losses that my child or I may incur. I also understand that this Release binds myself and my child, and my child's heirs, executors, administrators, and assigns.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

**THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.**

\_\_\_\_\_  
(Releasor's Signature/Date)

\_\_\_\_\_  
(Witness Signature/Date)

\_\_\_\_\_  
(Parent(s) or Guardian(s) Signature(s) if Releasor is under 18 years old) (Date)