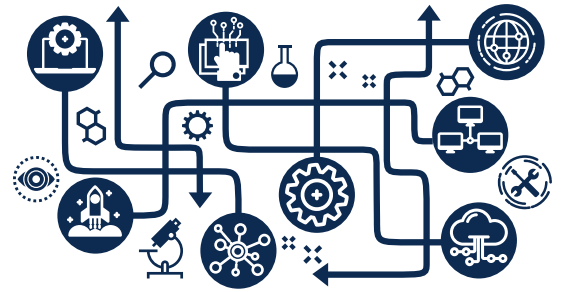


# SCITECH SUMMER CAMP



## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for my child, \_\_\_\_\_, receiving permission to participate in the University of Arkansas - Fort Smith, I hereby RELEASE, WAIVE, and DISCHARGE the State of Arkansas, University of Arkansas - Fort Smith, its officers, servants, agents, or employees, (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child, or to any property belonging to my child, while participating in UAFS summer camps.
2. I am fully aware of the risks and hazards connected with allowing my child to participate in the UAFS summer camps, including the risk of physical injury or disability as the result of such injury, and hereby allow my child to voluntarily participate in said activity, and enter the above named premises and engage in such activity. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by my child, or any loss or damage to property owned by my child, as a result of being engaged in such an activity.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, which may incur due to the participation of my child in said activity.
4. It is my expressed intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assignees and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, AND DISCHARGE for the above named RELEASEES. I hereby further that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Arkansas.
5. I understand that the College will not be responsible for any medical costs associated with any injury that my child may sustain.
6. I hereby agree and authorize the University of Arkansas Fort Smith to photograph and use my child's photograph or other forms of video, publication, or social media. I release the University of Arkansas - Fort Smith from any legal claims in connection with the use of the photographs, video, publication, or social media.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability, Indemnity and Hold Harmless Agreement, understand it and no statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by same.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian of Participant

\_\_\_\_\_  
Date