



Educational Experience Liability Release Form ("RELEASE")

I have chosen to participate an educational experience. I have been made aware of the risks of participating in the experience including, but not limited to, exposure to various instruments, devices, equipment, machinery malfunction, furnishing, pharmaceuticals, chemicals as well as blood and body fluids and other potentially infectious materials, radioactivity, fire, explosion, slip and fall, crush injury, electric shock. I further understand that such exposure can cause serious illness, bodily injury, death, property damage or other risks that may not be foreseeable.

I understand that the University of Connecticut, including UConn Health, and its trustees, officers, employees, and agents (collectively the "University") is not responsible for my safety and I am not required to participate in this experience, but that I want to do so, 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 me as by UConn Health in this experience, to RELEASE State of Connecticut and the University from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with my participation in this experience. I further agree to save and hold harmless, indemnify and defend the State of Connecticut and the University from any claim by my family or me or by others arising out of my participation in this activity.

I also agree to indemnify and hold harmless the University from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of any injury I may cause to third parties during, or as a consequence of, my participation in the experience.

I acknowledge that this experience will require travel and understand and agree that I am solely responsible for my own transportation to and from the experience and accept all risks associated with travel, including but not limited to, transportation delays, fare changes, missed connections, injuries (including death), losses, weather, or other circumstances beyond the control of the University.

I acknowledge that this experience will require that I am current with immunizations and am in good health and free of any communicable disease (i.e. two measles and mumps immunizations, MMR, if born on or after January 1, 1957 – one vaccine after 1980; current immunization for rubella or an immune laboratory titer; a TB Skin Test, PPD, not more than one year old, or documentation of treatment and resolution of active or latent TB or documentation of a negative chest x-ray after a positive PPD; current varicella titer or verbal history of varicella/chickenpox; completion of a Hepatitis B vaccination series; adult Tdap; and up to date influenza immunization.) By signing this RELEASE, I am verify that I am current with immunizations, am in good health and free of any communicable disease.

I recognize that this RELEASE means I am giving up, among other things, rights to sue the State of Connecticut and the University for injuries, damages, or losses I may incur. I also understand that this RELEASE binds my heirs, executors, administrators, and assigns, as well as myself. I further understand and agree that no oral or written representations can or will alter the contents of this document.

I understand that this agreement shall be governed by the laws of the State of Connecticut (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to the experience.

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

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

Participant's Signature: _____ **Date:** _____

Participant's Name: _____

If Participant is under 18 years old:

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

By printing and signing my name, I attest that I am the parent and/or legal guardian of the participant, that I am authorized to act on behalf of and legally bind the participant and that the signature or agreement of another parent/guardian is not required. I have also read the Educational Experience Liability Release and consent to the above statements.

Internal Use Only

Date(s) of UConn Health Experience: _____

UConn Health Host Signature: _____

UConn Health Host Title: _____

Please note: The hosting department will maintain this individual's record for a minimum of 5 years from date of termination, in accordance with the state of Connecticut's record retention policy.

Revised: 4/09, 5/10, 5/11, 5/12, 5/13, 2/14, 12/14, 5/15, 1/18.