

UNIVERSITY OF PUERTO RICO
COLLEGE OF BUSINESS ADMINISTRATION
RIO PIEDRAS CAMPUS
COOPERATIVE EDUCATION PROGRAM

Release and Indemnification Agreement for Adult Students (21 years or more)

Participant's Name: _____

Participant's Address: _____

Description of Activity: _____

Location of activity: _____

Dates of activity: _____

I am the above named participant who is twenty one years or more of age I am fully competent to sign this Agreement. I freely sing to participate in the above-reference activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

I hereby accept all risk to my health and of my injury or death may result from such participation and I herey release the University of Puerto Rico, Río Piedras Campus, its governing board, officers, employees and representatives from all liability to my personal or representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my property and for all illness or injury to my person, including my death, that may result from or occur during my participation on the activity, whether caused by negligence of the University of Puerto Rico, Río Piedras Campus, its governing board, officers, employees and representatives. I further agree to indemnify and hold harmless the University of Puerto Rico, Río Piedras Campus, its governing board, officers, employees and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the described activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTANT IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING AT THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Signature of Witness

Date Signed

Date Signed