

University of Maryland, College Park
Nyumburu Cultural Center
Terp Zone Consent and
Release 2024

In consideration of being permitted to participate in any way in the Field Trip to the Terp Zone in the STAMP Student Union UMD (hereinafter the "Activity") on _____ with the University of Maryland, College Park Camp Shule Summer Program (hereinafter the "UMCP"), I voluntarily agree to indemnify, release and hold harmless the State of Maryland, the University and its officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, causes of action on account of any loss or personal injury to me that might result from my volunteer participation with the University, whether arising through my own negligence, omission, default or that of UMCP.

I understand that my participation is voluntary in Bowling, Video games, Billiard games.

As with any activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. Should I require emergency medical treatment as a result of illness, injury or accident (including death), arising from the Activity, I consent to such treatment. I will notify the University in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee sting reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.

I give my consent and permission for, and waive and assign, any and all rights to any photographs or videotapes ("recordings") taken by the UMCP during the Field Trip. As exclusive owner of such recordings, the UMCP shall have the sole and exclusive right to display and/or reproduce these recordings, and any copies made thereof. I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Consent and Release, or that I have discussed this with my parents/legal guardian, who by their signature below agree with my decision to participate in the Activity and to all of the terms and conditions stated above.

Name of Participant (Print): _____

Signature of Participant: _____

(If Participant is under 18)

Date: _____