

**UNIVERSITY OF ARKANSAS AT MONTICELLO,
A CAMPUS OF THE UNIVERSITY OF ARKANSAS SYSTEM,
RELEASE AND HOLD HARMLESS AGREEMENT**

I, _____, am a participant of the Hud Jackson Football camps in 2019, at the University of Arkansas-Monticello, a campus of the University of Arkansas System ("UAM"). I state that I am 18 years of age or older or have the written consent of a parent or legal guardian to attend the Hud Jackson Football Camps as a participant.

I acknowledge that football related events and training activities are inherently dangerous. I acknowledge that participating in these events and activities, as a member, student spectator or guest, exposes me to substantial risk of damage to my personal property, serious bodily injury, dismemberment and death. I acknowledge that my choice of participating in these events and activities, in any capacity, is voluntary on my part. I affirm my desire to participate in the events and activities as set out above. I agree that I have a duty to use caution and diligence to reduce the risk of injury and damage to my person, my property and to others. I assume all risk of any such injury or damage including bodily injury resulting in death, dismemberment or permanent injury, as a result of my participation in such football activities, transportation to and from the Hud Jackson Camps, and while participating as a member, spectator or guest of UAM.

I agree to assume full responsibility for my safety and the safety of my property, while I am in transit to and from the Football Event, while participating as a member, spectator or guest of UAM and at all other times related to such events and activities.

In consideration for being allowed to participate in the above mentioned events and activities, I, the undersigned, do hereby release and agree to indemnify and hold harmless UAM, the University of Arkansas, its Board of Trustees and all University officers, agents and employees, from all liability claims, demands and actions whatsoever arising out of or related to any loss, damage or injury, including illness, death, dismemberment or permanent injury, which may be sustained to me or any property belonging to me. The terms hereof shall also serve as a full release from liability and assumption of risk for my heirs, executor and administrator, for all members of my family, and may be pleaded as a bar to any litigation or claim for damages. I agree that jurisdiction and venue related to this Agreement and any claim against UAM, the University of Arkansas, its Board of Trustees, and any University officers, agents and employees, shall lie exclusively in Pulaski County, Arkansas and will be governed by the laws of the State of Arkansas. I recognize that UAM, the University of Arkansas, its Board of Trustees and all University officers, agents and employees are institutions and/or officials of the State of Arkansas and are entitled to sovereign immunity.

I have read this Release and Hold Harmless Agreement and understand and voluntarily accept the terms.

Print Name _____

Signature _____ Date _____

Parent/Legal Guardian Name _____

Signature _____ Date _____

Emergency Contact: _____

Emergency Phone # _____