



**Agreement for Release of Liability and Assumption of Risk**

In consideration of being allowed to participate in program-related events and activities sponsored for or by the Flathead Lake Biological Station / University of Montana. I the undersigned, acknowledge, appreciate, and agree as follows:

1. I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE, the Flathead Lake Biological Station/ University of Montana, its officers, employees, or agents 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 me, or to any property belonging to me, except to the extent any such injury results from the negligent or tortious act(s) or omission(s) of the Flathead Lake Biological Station / University of Montana.
2. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity.
3. It is my express intent that this Agreement shall bind the members of my family, my heirs, assigns and personal representative, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the Flathead Lake Biological Station / University of Montana.
4. I UNDERSTAND THAT THE FLATHEAD LAKE BIOLOGICAL STATION / UNIVERSITY OF MONTANA WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY THAT I MAY SUSTAIN. I RELEASE AND HOLD HARMLESS ITS AGENTS, AFFILIATES, OFFICERS AND EMPLOYEES FROM ALL MEDICAL COSTS AND MEDICAL EXPENSES ASSOCIATED WITH THIS ACTIVITY.

I have read this Agreement for Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. In executing this release, I assert that I am 18 years of age or older and make this decision informed of its implications and entirely of my own free will.

\_\_\_\_\_  
PARTICIPANT NAME (print)

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

**FOR PARENT/GUARDIANS OF PARTICIPANTS UNDER AGE 18**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to all of the provisions of the AGREEMENT FOR RELEASE OF LIABILITY and ASSUMPTION OF RISK, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Flathead Lake Biological Station/University of Montana from any and all liabilities related to my minor child's participation in the program, related events and activities, of [include title of program]\_\_\_\_\_.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (print) DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE EMERGENCY PHONE NUMBER