University of MOUNT OLIVE
UMO
AGRICULTURE

RELEASE OF LIABILITY

I recognize that there are certain inherent risks associated with participating in the Supervised Agricultural Education Camp, including riding on buses owned and operated by the University of Mount Olive. I assume full responsibility for personal injury to myself and I further release and discharge Stephen Edwards and the University of Mount for injury, loss or injury, arising out of my participation in the Supervised Agricultural Education Camp, including transportation provided by the University of Mount Olive, whether caused by the fault of myself, the University, or other third parties.

I agree to indemnify and defend the University of Mount Olive against all claims, causes of action, damages, judgments, costs or expenses including attorney fees and other litigation costs, which may in any way arise from my use of or presence upon the facilities/bus of the University of Mount Olive.

I agree to pay for all damages to the bus/facilities of the University of Mount Olive caused by my negligence, reckless or willful actions.

_____ _____
Print full legal name of Student *Date of Birth*

_____*(SEAL)* _____
Signature of Student *Date*

_____
Print full legal name of Parent or Guardian

_____ _____
Signature of Parent or Guardian *Date*

_____
Street Address or Box Number *City* *State* *Zip Code*