

BIG DATA ANALYTICS SUMMER PROGRAM

University of Missouri
Department of Electrical Engineering and Computer Science (MUEECS)

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

An MUEECS representative will accompany students on every field trip, but the following applies:

Students acknowledge that there are certain risks inherent in field trips including, but not limited to, slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards including hazards associated with travel to and from the field trip site. There may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases, and that all risks cannot be prevented. Students acknowledge that they are physically able to participate in field trips given the above activities.

Students understand and acknowledge that they assume all risks incurred by participation in the field trips. In consideration of being allowed to participate in the field trips, students thereby release the University of Missouri, its Board of Curators, officers, agents and employees from any and all claims arising out of or in any way connected with the field trips and my participation in the program including, but not limited to, the risks as outlined above.

Field trips are voluntary, and if a student so chooses he or she does not have to participate in the field trip.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE BIG DATA ANALYTICS SUMMER PROGRAM, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this program, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this program.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the program in which I may participate, and that it will govern my actions and responsibilities at said program.

In consideration of my application and permitting me to participate in this program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind

which may hereafter occur to me including my traveling to and from this program, THE FOLLOWING ENTITIES OR PERSONS: University of Missouri, its officers, agents and employees, and the program holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this program, whether caused by the negligence of release or otherwise.

I acknowledge that University of Missouri, its officers, agents and employees are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific program on their behalf.

I acknowledge that this program may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the program.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this program.

I understand while participating in this program, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the program holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name (Please print legibly.)