ASSUMPTION OF RISK, WAIVER AND GENERAL RELEASE
OF ALL CLAIMS

University of Kentucky Robinson Forest

READ CAREFULLY BEFORE SIGNING AT THE BOTTOM.

I the undersigned being over eighteen (18) years old, desire to participate in activities associated with the use of the University of Kentucky’s Robinson Forest (the “Facility”).

As a condition of my use of the Facility or participation in activities at the Facility, and in consideration of being afforded this opportunity to use the Facility or participate in an activity, I, for myself, my heirs, successors or assigns, hereby assume any and all risks attendant to this use and participation in these activities, including claims resulting from uses in any way resulting from or associated with the use of the Facility or activities participated in. I understand that I am responsible for my own safety, health and welfare while using the Facility and during any activities. I acknowledge and agree that I am not required to use or participate in any activities, and that if at any time I feel uncomfortable in my own skills and abilities, I will refrain from participation or use. I understand that a forest and this Facility and/or activity is or can be hazardous, and includes or may include numerous physical hazards. The known risks includes risks that are very severe, such as but not limited to falling trees, limbs, or other falling objects, severe injuries from use of power equipment, as well as slip and falls and sprains, cuts, breaks, and other similar injuries, and reactions and poisoning resulting from plants, insects, and animals common to forests and associated or adjacent areas that might result from use of the Facility or participation any activity as well as ingress and egress thereto.

I, for myself, my heirs, successors or assigns, hereby waive any and all claims that may result from participation in an activity and use of the University of Kentucky Facility, and hereby release and hold harmless the University of Kentucky, its Board of Trustees, agents, servants, and employees specifically including but not limited to the employees and agents associated with the Facility or this activity, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage, or death arising from the use of the Facility or this activity.

I understand that this is a GENERAL ASSUMPTION OF RISK, WAIVER, AND GENERAL RELEASE OF ANY AND ALL CLAIMS OR CAUSES OF ACTION that I may have or might accrue as a result of the use of the Facility or participation in this activity.

The invalidity of any portion of this Agreement shall not affect the enforceability of the remaining portions.

READ CAREFULLY, THIS IS A PERMANENT RELEASE OF ALL CLAIMS OF ANY TYPE OR NATURE IN ANY WAY ASSOCIATED WITH USE OF THE FACILITY.

________________________________________  ____________
Signature                                      Date

________________________________________  ____________
Print Name                                    Date

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin.