

WAIVER AND RELEASE OF LIABILITY

PARTICIPANT:

Name

Address

City, State, Zip Code

I, _____ am eighteen years of age or older and acknowledge that I intend to participate in CCSU's Drone Racing Day ("Activity") at Central Connecticut State University, 1615 Stanley Street, New Britain, CT, 06050 ("CCSU") on or about the [Day] of [Month] 20__.

I recognize that there are risks and hazards directly or inherently involved in the Activity and that I may become injured during my participation. With full knowledge of the facts and circumstances surrounding this Activity, I voluntarily undertake this Activity and assume all responsibility and risk from my participation in this Activity, including all risk of loss of limb or life, property damage, injury to others, and other hazards to myself.

I assure officials of CCSU that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this Activity and that I will indemnify and hold harmless CCSU and its employees and agents for any injury, including loss of limb or life, of any person(s) and for any property damage caused by my negligence or intentional act or omission.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF MY PARTICIPATION IN THE ACTIVITY, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CENTRAL CONNECTICUT STATE UNIVERSITY (CCSU).

IN CONSIDERATION FOR CCSU PERMITTING ME TO PARTICIPATE IN THE ACTIVITY, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO HOLD THE STATE OF CONNECTICUT, THE CONNECTICUT STATE UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, CCSU, THEIR EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER, INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF CCSU, WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN ANY ACTIVITIES RELATED TO THE ACTIVITY. THE TERMS HEREIN SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR AND ASSIGNEES.

I assure CCSU that there are no health-related reasons or problems that preclude or restrict my participation in this Activity.

The foregoing is submitted in consideration of CCSU allowing me to participate in this Activity. I execute this document with full knowledge of the contents and consequences stated in this Release.

PARTICIPANT

WITNESS

Signature

Signature

Printed Name

Printed Name

Date

Date