

University of Kentucky Assumption of Risk and Waiver of Liability

Project Supervisor: _____

Project start date: _____

I hereby acknowledge and record my independent and voluntary decision to participate in a research project conducted in the _____ Department at the University of Kentucky: College of Arts & Sciences.

I understand that my participation in this research activity may entail certain anticipated and unanticipated risks regarding personal injury.

I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in this research project.

I hereby assume any and all risks associated with this activity and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to my participation in this research project.

I further acknowledge and affirm that as a participant in this research project, I am not an employee of the University of Kentucky. Thus, I am not entitled to any benefits of the aforementioned, including, but not limited to coverage by The Worker's Compensation Act.

Printed Name: _____

Signature: _____

Parent/Guardian Name*: _____

Parent/Guardian Signature*: _____

Date: _____

*Required if participant is under the age of 18: