



RISK MANAGEMENT

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Assumption of Risk & Release of Liability Form

One form may include the primary participant plus up to four additional family members.

I, [print name] _____, hereby give my consent and agree to take part in **the Rhode Island Model Rocket Association (RIMRA) Rocket Launch Event** on _____ (date), together with any additional family members listed below. Each adult listed must sign for themselves; a parent or legal guardian may sign for a minor. For purposes of this form, references to "I," "me," and "my" apply individually to each adult signer and to each minor for whom a parent or legal guardian signs. In consideration of my participation in or attendance at this event, whether as a participant, volunteer, or spectator, I understand that I am fully responsible for any injuries I may incur during this event.

I confirm my participant/attendee (for him/herself, his/her parent or legal guardian, his/her heirs, representatives, executors, administrators, successor or assigns) hereby waives, releases, fully discharges and hold harmless the University of Rhode Island, its governing board, the Rhode Island Board of Education, the State of Rhode Island and their officers, directors, board members, employees, agents, and assignees as well as the Rhode Island Model Rocket Association (RIMRA), including its board members, officers, volunteers, agents, and representatives, from any and all liability and claims, or demands and/or cause of action, that he/she has or may have for any costs, expenses, or damages, including reasonable attorneys' fees, arising from property damages or personal bodily injury, including death, relating to or arising from my participation in or attendance at, use of, or operation of equipment related to the Activities or may in the future have, whether known or unknown, arising out of the named event.

I may or may not have had previous participation or attendance experience in the Activity. I understand and acknowledge that such participation or attendance could result in loss of or damage to my or another person's property, serious injury to my body, including mental or emotional injury or trauma and/or death. I verify that I have no physical or emotional conditions that may prevent me from fully participating in the event.

I understand and agree the University of Rhode Island and its recreational subsidiaries, as well as the Rhode Island Model Rocket Association (RIMRA), including its board members, officers, volunteers, agents, and representatives, cannot be expected to control all possible risks but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my attendance with the understanding that the cost of any such treatment will be my responsibility. Neither the University nor RIMRA carry medical or accidental insurance for the activities mentioned. As such, attendees should review their personal insurance portfolio.

I HAVE READ THE WAIVER, RELEASE AND ASSUMPTION OF RISK FORM IN ITS ENTIRETY AND UNDERSTAND THE TERMS AND LEGAL SIGNIFICANCE. This waiver is freely and voluntarily given with the understanding that right to legal recourse is knowingly given up in return for allowing my participation in the event.

By signing below, each adult signer agrees that they have read and understand the above information. A parent or legal guardian signing for a minor gives the same consent and agreement on the minor's behalf.

Additional Family Member - Print Name	Age if Under 18	Adult Signature / Guardian Initials for Minor

For minors listed above, the parent/legal guardian identified below must sign this form. Each additional adult family member must sign in the table above.

Primary Participant Signature: _____ Date: _____

Parent/Legal Guardian (Print): _____ Signature: _____

Emergency Contact: _____ Emergency Contact Phone: _____

(Parent/legal guardian information and signature required for any participant under 18.)