



AGREEMENT TO RELEASE ALL CLAIMS FOR INJURY OR DEATH TO ME AND TO PROTECT THE UNIVERSITY AND OTHERS FROM ANY SUCH CLAIMS WHICH MAY BE BROUGHT (AGREEMENT)

THIS SECTION TO BE COMPLETED BY UA DEPARTMENT	
Department Name:	
Faculty/Staff Contact Name:	Phone:
Name of Course/Activity:	Date(s):
List Activities:	

I, \_\_\_\_\_, being 18 years of age or older, have decided to participate in the above referenced Activity or Course. I have made this choice in recognition and appreciation that there will be known and unknown risks, dangers and hazards, which may be encountered in the above mentioned Activity or Course, which may include or result from the negligence or gross negligence (herein collectively referred to as "fault") of the University of Alaska or my fellow students. With this in mind, I DO HEREBY VOLUNTARILY ASSUME ALL RISKS, DANGERS AND HAZARDS which I may encounter during my participation in, and transportation to, from or as a part of, the Activity or Course. In addition, I declare that I intend to be financially responsible for any death or injury that may occur to me during or as a result of such participation or transportation.

Further, in consideration of being permitted to participate, I hereby agree to release the University of Alaska, its Board of Regents, officers, agents, and employees, (Released Parties) from all liability and claims of any kind, including claims for loss, expense, damages, punitive damages or attorney fees, or loss of companionship or support of family, occurring during or as a result of participation in, or transportation to, from or as a part of, this Activity or Course (Claims). This Release applies even if such Claims are based on the fault of Released Parties.

Further, I promise to indemnify and hold harmless the University of Alaska, and pay its costs of defense, if Claims are brought by me or anyone else against any of the Released Parties to recover money damages related to injuries or death to me. This promise applies even if the Claims are based on the negligence or gross negligence of the University or other related parties.

I understand that special personal medical and accident insurance may be available to me, upon my request at my expense, through University of Alaska managed plans or otherwise, and that any obligation to purchase insurance is entirely mine.

I have entered into this Agreement on the basis of my own information and not in reliance upon representations of the University or other Released Parties. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this Agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.

I intend that this Agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

By my signature, I represent that I have knowingly and voluntarily signed this Agreement with the intent that it be a legally binding document designed to protect the University of Alaska and other Released Parties from all Claims which could be brought by myself or anyone else on account of injury or death to me, regardless of cause or fault.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_



# Memo

UNIVERSITY POLICE DEPARTMENT

RIDE ALONG REQUEST FORM

PLEASE SUBMIT REQUEST WITH SIGNED RELEASE FORM AT  
LEAST **72 HOURS** IN ADVANCE OF FIRST REQUESTED DATE

UAF Police Department  
612 Yukon Drive  
P.O. Box 755560  
Fairbanks, AK 99775-5560  
T 907.474.7721  
F 907.474.5555  
[fycops@uaf.edu](mailto:fycops@uaf.edu)  
[www.uaf.edu/police](http://www.uaf.edu/police)

\_\_\_\_\_

Requested Date for first choice: \_\_\_\_\_

Requested Date for second choice: \_\_\_\_\_

Requested Shift or time: \_\_\_\_\_

Requested Officer: \_\_\_\_\_

If no preference to date or officer: **No Preference**

### **Required Information to Process Request**

**Your full legal name** \_\_\_\_\_

Your cell phone or contact number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number and state: \_\_\_\_\_

**Fax to 474-5555 or drop off at UAF Police Dept. 612 Yukon Drive  
across from Wood Center**