



**Department of Life Sciences
University of the West Indies**

**Student, Visitor, Volunteer or Intern
Release and Waiver of Liability**

I, _____, the undersigned student visitor, volunteer or intern at The University of the West Indies, in consideration of the UWI's granting me permission to enter its premises, to use its equipment and materials, and to assist in its ongoing educational, research or public display activities, hereby voluntarily waive any and all claims I have, or may have in the future, for damage or a loss to my person or property which may be caused by any act, or failure to act, of the Department of Life Sciences, The University of the West Indies, its trustees, officers, agents or employees. Based upon the consideration outlined above, I do hereby assume the risk of all dangerous conditions in and about the property of the UWI, waive any and all specific notice of the existence of dangerous conditions, and indemnify and hold harmless the UWI, its trustees, officers, agents or employees from any and all liability, actions, causes of actions, debts, claims, demands or other liability of any kind or nature whatsoever which may arise, whether caused by ordinary negligence or otherwise. I intend that this signed agreement shall serve as a release, waiver, and assumption of risk and shall bind any person or entity making a claim based upon my rights or on my behalf including, but not limited to, my heirs, executor, assigns, or members of my family. If any portions of this release are found invalid, the balance shall remain in full force and effect.

Signature

Dates of Course

Print Name

Course Code

Contact in case of Emergency:

Name

Relationship

Address

Phone (day)

Phone (evening)