



**Non-Employee Travel Waiver of Liability and Hold Harmless Agreement**

In consideration of being allowed to participate in the travel activity described below, I hereby release, hold harmless, and forever discharge the Board of Trustees of the University of Arkansas (acting on or behalf of the University of Arkansas at Pine Bluff)—along with every officer, agent, and employee of these entities—from all claims, causes of action, or demands of every kind which I may have in the future or that any person claiming through me may have in the future against any of them by reason of any injury to person or property, or death, in connection with my participation in the travel activity. Further, I agree to indemnify each and every one of them for liability arising solely from my tortious acts or omissions (including negligence), and I assume the risk of traveling to and from the site of the activity.

I certify that I am in good physical health and am physically able to participate in the described activity. I understand and acknowledge that serious accidents sometimes occur during activities such as this, and that some medical conditions may be exacerbated or aggravated, and that participants occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof, and that my participation could result in loss of or damage to my property, serious injury to my body or to others, and/or my death.

I have been advised to obtain medical coverage. Furthermore, I agree to use my personal insurance as a primary medical coverage if an accident or injury occurs.

**Description of Travel Activity:**

**Date(s) of Activity:**

**Location(s):**

**Activity Sponsor:**

I have reads this release, and I understand its terms and their legal significance. This release is freely and voluntarily given with the understanding that rights to legal recourse against the Board of Trustees, UAPB, and all other auxiliary organizations of UAPB are knowingly given up in return for my participation in the travel activity described above.

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Participant’s Name (print)

Signature

Date

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