

portion hereof is held invalid, the balance shall, notwithstanding, continue in full force and effect.

HEALTH/SAFETY: I am aware of all applicable personal medical needs, and I am unaware of any health-related reasons or problems which preclude or restrict my participation in the Program. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I understand and agree that UDM is not obligated to attend to any of my medical or medication needs during the Program, and I assume all risk and responsibility of the same. If, during the Program, I require medical treatment or hospital care, in a foreign country or in the United States, UDM is not responsible for the costs or quality of such treatment or care. I also understand and agree that if I am arrested during the Program, UDM will not provide me with bail money, attorney's fees, new travel arrangements, local accommodations, or any other benefit not arranged prior to the Program. I agree that UDM may, but is not obligated to, take any actions it considers necessary under the circumstances regarding my health and safety. I further agree to pay all expenses relating thereto and release UDM from any liability for any actions it may take.

I have read this Agreement and fully understand its terms. I am aware that this Agreement includes a release and waiver of liability, an assumption of risk, and an agreement to indemnify the Releasees. I understand I have given up substantial rights by signing this Agreement, and sign it freely and voluntarily without any inducement. I am at least 18 years of age and fully competent; I execute this Agreement for full, adequate and complete consideration fully intending to be bound by it.

Signature of Participant

Printed Name (Last, First, Middle Initial) _____
