



**Tufts**  
UNIVERSITY

Cummings School of  
Veterinary Medicine

**FARM FIELD LIABILITY WAIVER / RELEASE FORM**

Field User Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Field Registration Number(s): \_\_\_\_\_

I, the undersigned, hereby acknowledge to Tufts University the following:

1. I am aware of the risks associated with being actively involved in outdoor exercise and being present with other persons and their dogs on Tufts University's property.
2. I assume all the foregoing risk of using Tufts' property and accept personal responsibility for damages resulting from my use, including but not limited to injury, disability or death.
3. I release, waive and discharge Tufts University, its employees, students, agents and trustees from any and all liability, to me, my heirs and next of kin for any and all claims demands, losses or damages, related to my use of Tufts University's property. I agree to assume full responsibility for any guest whom I bring to Tufts University's property and will defend and indemnify the University against any claim brought by such person.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date