

## Release of Liability

In consideration of the work I am performing for or on the premises of the University of Wisconsin - Madison, and in lieu of the required Workers Compensation insurance, I hereby release and discharge, indemnify and covenant not to sue, the Board of Regents of the University of Wisconsin System, its officers, employees and agents, from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin, for any and all loss or damage, and any claim or demand based on injury to myself or my property, including death, that might occur while doing the work as agreed. I agree to be solely responsible for my own medical expenses and affirm that I have adequate medical protection to provide coverage for any injury I may sustain, including emergency services.

---

Name

---

Vendor #

---

Signature

---

Name – please print

---

Date