

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to voluntarily participate in _____ and associated activities and any recreational activities at the University of Wisconsin – River Falls.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT CONNIE SMITH, RISK MANAGER, AT TELEPHONE NUMBER 715-425-3344.

Assumption of Risks:

I understand that participation in this volunteer activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian (if Participant is Under 18): _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in _____, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-River Falls, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my/my child’s participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-River Falls, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian (if Participant is Under 18): _____ **Date:** _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-River Falls and its designated representatives to consent, on my/my child’s behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ **Date:** _____

Signature of Parent or Guardian (if Participant is Under 18): _____ **Date:** _____

Medication

It is camp policy to secure your consent for medicine distribution and medical devices, whether brought by your son, daughter, or ward is to be self administered or administered by the camp health supervisor. Therefore, do you wish your son, daughter, or ward to be responsible for their own medication _____ Yes _____ No
If NO, all medications brought to camp by a camper shall be: (a) in containers which identify the medications and the name of the camper, (B) kept in a locked unit, and (c) administered by the camp health staff as prescribed by a licensed physician with a record of treatment maintained.

Signature: _____ **Date:** _____

Signature of Parent or Guardian (if Participant is Under 18): _____ **Date:** _____

*If your son, daughter or ward will be under 18 while participating in or through activities at the University of Wisconsin – River Falls, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.