PLEASE PRINT: College/Department	UNIVERSITY HOUSING, P. O. BOX 442010, MOSCOW, IDAHO 83844-2010			
Activity:	Joe Fest (3 on 3 Basketball Tournament)		Date(s): September 23-25, 2011	
Participant:	Name:		Age:	Sex:
	MSC#/Street Address:			
	City:		State:	Zip:
	Phone:		Work Phone:	
	I am a (check one):	Student ()	Staff ()	
Emergency Contact:	Name:		Relationship	:
	Home Phone:		Cell Phone:	
	Work Phone:			

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to UNIVERSITY HOUSING, P.O.BOX 442010, MOSCOW, ID 83844-2010. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in activities and field trips associated with the above listed activity (Activity) may include activities that are risky and dangerous. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including mortal injury, may occur: academic learning opportunities while on campus or off; field trips; activities supplemental to the Program, such as walking or hiking to and from sites of interest; use or operation, by myself or others, of equipment; physical and sports activities, including, but not limited to, swimming, boating, and other water sport activities; being outside or in the presence of inclement weather conditions including, but not limited to, lightening, wind, and rock fall; contact with plants, animals or other environmental hazards; transit to or from the Program locations and Activity locations including but not limited to travel by bus, van, private auto or aircraft; use of roads, trails, waterways, terrain, and other routes or water flows in the condition in which they are found; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

With full knowledge of the facts and circumstances surrounding the Activity, I voluntarily participate in the Activity and assume all responsibility for and risk resulting from, my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the Activity. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the Activity. I will indemnify and hold the State of Idaho, the Regents of the University of Idaho, and all of their respective agents, servants, employees and volunteers (collectively the University) harmless with respect to all such costs.

I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from the Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity activities, regardless if occurring before, during or after the period of the Activity.

To the extent permitted by law, and in consideration for being allowed to participate in the Activity, I hereby save, hold harmless, discharge and release the University from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the Activity, whether caused by the negligence or carelessness of the University or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the University from any claim by the aforementioned parties arising out of my participation in the Activity.

I recognize and acknowledge that the University makes no guarantees, warranties, representations, or other promises relative to the Activity, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the Activity. I recognize and acknowledge that I am not an agent or employee of the University, that I may not and will not represent myself as such, and that I cannot and will not bind or obligate the University in any way. I further recognize and acknowledge that I am not entitled to make claims under workers' compensation laws as a result of my participation in the Activity.

I further understand and agree that this Release is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

MEDICAL INFORMATION

If you have a disability requiring an accommodation please contact UNIVERSITY HOUSING (208) 885-6571 at least two weeks (14 days) before the date of the Activity.

I hereby certify that, with or without accommodation, I have no health-related reasons or problems that preclude or restrict my participation in the Activity. I hereby consent to first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any Activity associated with the Activity.

SIGNATURES	
In signing this Acknowledgement of Risentirety, understand it, and sign it volumes to the standard sign it.	sk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its ntarily; (b) that I am of legal age; and (c) that this Acknowledgement of Risk and Waiver of Liability is the entire and its terms are contractual and not a mere recital.
DATE	_SIGNATURE
Participants who are not 18 y or legal guardian below:	rears of age or older must sign above, and also must obtain the signature of a parent
guardian or any other person who clair Acknowledgement of Risk and Waiver of my own free act. I acknowledge tha and I hereby give my consent to partici	pardian of the above-named participant in the Activity. On behalf of myself and my spouse, partner, comes the participant as a dependant, I have read the above agreement, I understand the contents of this of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability at my dependent and I have agreed to the terms and conditions of my dependent's participation in the Activity, ipation by my dependent in the Activity, and to receive medical treatment determined to be necessary. I nify and defend the University from and against all claims, demands or suits that my dependent has or may
DATE	_SIGNATURE