## University of Idaho

College / Dept	College:				Dept:	Sport Clubs			
Activity Name			Date			Location			
Participant's Name	(First)					(Last)			
Age	(Age)					■ Male			Female
Address	(Street)								
	(City, State)					(Zip)			
Phones	(Cell)					(Home)			
Emergency	PRIMARY CONTACT NAME:				(Relationship)				
contact(s)	PHONES: WORK: HOME:					CELL:			
& Insurance info	SECONDARY CONTACT NAME:					(Relationship)			
	PHONES:	WORK:		HOME:		CELL:			
	PLEASE NOTE: Hospitals and clinics require Social Security numbers before providing treatment and suggest that participants								
	bring a copy of their insurance card. The participant is responsible for all medical expenses.								

## Acknowledgement of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. 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 participant or parent/guardian, am aware that participation in the Sport Club Activities ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. 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 to myself, or my child, up to and including mortal injury, may occur: being hit with objects; being hit or run into by other participants; physical and sporting activities related to or sponsored by Sport Clubs including, but not limited to falling, lifting, bending, jumping, movements, pulling, throwing, twisting, and competition in and/or practice of activities that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, heart malfunctions, and head injuries; field trips; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; use or operation, by me or others, of equipment and vehicles in the condition in which they are found; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice, and extremes of heat or cold; contact with poisonous plants, insects and environmental or biological hazards; risks related to transit to or from the Activity locations including, but not limited to, travel by bus, van, and private or rented auto; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. I understand I am responsible for all medical expenses and/ or property losses.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assigns and all members of my family.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. I have informed the Activity contact of any physical or medical condition that might expose me to an unusual risk of harm. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity. I accept and will abide by the University of Idaho Policies listed in the Policies and Information of Interest to Students Brochure, which is available on-line at <a href="https://www.webs.uidaho.edu/riskmanagement">www.webs.uidaho.edu/riskmanagement</a> or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of the Activity, and the policies and procedures of the University of Idaho.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

By signing, I am confirming I have read, understand, and accept the conditions of the Acknowledgement of Risk and Waiver of Liability Form presented to me.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature:
X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature:
X
Date: