

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

I, _____ (print name), age _____, desire to participate voluntarily in the University of Wisconsin – Whitewater **New Year, New You** in Whitewater, WI on February 9th, 2016.

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:

ERNEST STRACENER, OF THE UW-WHITEWATER, RISK MANAGEMENT & SAFETY OFFICE, AT TELEPHONE NUMBER: (262) 472-5723.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the Program. 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 my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, volunteers, and all others who are involved, 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 participation in the Program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, 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-Whitewater and its designated representatives to consent, on my 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:** _____

*If your son, daughter or ward will be under 18 while participating in the Program, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

Alcohol-Free Agreement

I understand that attending Lil Sibs is sponsored through the University of Wisconsin – Whitewater. Since this is a school-sponsored event it is designed as “alcohol and drug free”. Therefore, by my signature below, I agree to not consume any alcohol or take any illegal drugs, regardless of age, while participating in this activity. I recognize that failure to adhere to this policy will result in disciplinary action through the conduct system.

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 the Program, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

Picture Release

I hereby authorize and consent to the use, by the University of Wisconsin-Whitewater, of my name, image, and/or likeness as follows: The University shall have the right to publish, republish, adapt, exhibit, perform, edit, modify, make derivative works, distribute, display or otherwise use or re-use my name, image or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed, in perpetuity, throughout the universe, including advertising, promoting and merchandising the product or service. The University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit.

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 the Program, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.