

UNIVERSITY OF WYOMING

RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD HARMLESS

As a participant in _____ on the dates _____, I understand I will be provided opportunities through the year to participate in a variety of activities. These activities will vary from sedentary to physically challenging. Many of these activities will require travel to and from locations away from the University of Wyoming campus. I am aware that participation in any or all of these activities and any associated travel may be dangerous and involve A RISK OF INJURY ranging from minor injury to serious injuries such as paralysis or even death. I am aware of my physical condition and voluntarily participate in these activities. Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions or rules of the University and have read the code of conduct.

I hereby grant permission for the University or other leaders of _____ to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

In consideration of the University of Wyoming providing me the opportunity to participate in Campus Recreation Activities, I hereby assume all the associated risks and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees, and for all members of my family.

I have read the above statement and fully understand the contents, consequences and implications of signing this document.

PRINTED NAME

SIGNATURE DATE

IF THE INDIVIDUAL ABOVE IS UNDER 18 YEARS OF AGE:

I, being the parent or legal guardian of the above participant, _____, who is under the age of 18, have read the above statement and fully understand the contents, consequences and implications of signing this document.

PRINTED NAME

SIGNATURE DATE