

**UNIVERSITY OF WYOMING**

**RELEASE, ASSUMPTION OF RISK  
AND AGREEMENT TO HOLD HARMLESS**

I am aware that participation in the Fall Outdoor Experience program including driving, swimming, camping and one of the following activities : canoeing, backpacking, rock climbing, mountain biking, (hereafter referred to as the Fall Outdoor Experience) may be a dangerous activity involving A RISK OF INJURY.

Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions.

In consideration of the University of Wyoming, providing me with the opportunity to participate in the Fall Outdoor Experience without warranty, neither specified or implied, I hereby assume all the risks associated with my participation in the Fall Outdoor Experience 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 in the Fall Outdoor Experience. 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, being an adult, have read the above statement and fully understand the contents, consequences and implications of signing this document.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

I, being the parent or legal guardian of \_\_\_\_\_ have read the above statement and fully understand the contents, consequences and implications of signing this document.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE



**MODEL RELEASE**

By signing this release, \_\_\_\_\_ (\_\_\_\_\_) or  
*Print full name* *Age \**

their parent/legal guardian hereby authorize(s) the University of Wyoming, its agents, successors, and assigns, to use and reproduce photograph(s) in which party stated above appears in official UW materials, and waive any right to the inspection and approval of said photograph (or any copy that may be used in connection therewith) or to receive compensation for the use of said photograph.

\_\_\_\_\_  
*Sign full name*

\_\_\_\_\_  
*Parent or Guardian*

\_\_\_\_\_  
*Street or box number*

\* If under the age of 18, signature of a parent or legal guardian is required to participate.

\_\_\_\_\_  
*City, state, zip code*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Date*

**Sovereign Immunity.** The University of Wyoming does not waive its sovereign immunity or its governmental immunity and fully retains all immunities and defenses provided by law.

**Status:** freshman \_\_\_\_; sophomore \_\_\_\_; junior \_\_\_\_; senior \_\_\_\_; graduate \_\_\_\_; law \_\_\_\_;  
doctoral \_\_\_\_; faculty \_\_\_\_; staff \_\_\_\_; administration \_\_\_\_; student family \_\_\_\_;  
other \_\_\_\_\_.

**Area(s) of Study:** \_\_\_\_\_.

**Home Town:** \_\_\_\_\_.

**E-mail address:** \_\_\_\_\_