

UNIVERSITY OF WYOMING
RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD HARMLESS

I am aware that having myself and or my child participate in Campus Recreation Athletic Training at the University of Wyoming instruction and demonstrations and other related activities using my own equipment or provided equipment, may be a dangerous activity involving A RISK OF INJURY to myself or my child ranging from minor injury to serious injuries such as paralysis or even death. I am aware that such an injury can limit my or my child's future life activities, including future earning capacity. Because of the potential dangers and risks, I recognize the importance of myself or my child following instructions provided and I agree myself or my child will follow all directions or may be asked to discontinue participation.

I hereby grant permission for the University or others to give or authorize emergency medical treatment including emergency transportation to obtain medical services, 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 and/or transportation.

In consideration of the University of Wyoming, providing me with the opportunity to participate in this Athletic Training on University controlled property, 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