

ACKNOWLEDGEMENT OF PARTICIPATION, HOLD HARMLESS AND RELEASE OF ALL CLAIMS

As a participant in the summer ski camp for the Nordic Ski Club at the University of Wyoming, I am aware of the possible risks that are inherent in the nature of some of the sport activities offered. These risks include, but are not limited to death; serious neck and spinal injuries; broken leg, arm, back, rib; respiratory distress; lung damage; heart and related damage; hearing and sight damage and/or loss; muscle sprains and strains; which may result in complete or partial paralysis, brain damage, serious injury or impairment to other aspects of my body, general health and well being. Every attempt is made to minimize the existing risks through the use of proper sports equipment, safe facilities that are under the program's control, and sound safety practices. However, I realize these risks cannot be totally eliminated. If participants meet minimum physical and mental conditioning and follow safety procedures, the potential for problems occurring is reduced. The Nordic Ski Club strongly recommends that each participant has an annual physical examination and also carry personal health and accident insurance.

I, _____,
(signature)

(parent's signature if under 18)

affirm that I am aware of my physical condition, that I am voluntarily participating as a participant in the aforementioned event, that I am aware that such participation may result in possible injury as a result of the nature of the sport, and that I am assuming any and all risks that may be involved in the sport. In addition, I do hereby hold the University of Wyoming, its trustees, employees, agents, representatives, agents 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 or damages to property of others caused by me which may arise by or in connection with my participation in the aforementioned activities. I further acknowledge that I am aware of insurance policies that are available to me through private and institutional means. I have read and understand the above statement and will carry them out to the best of my abilities.

Signature

Date

Phone Number

Printed Name

Last 4 digits of SSN

Address

Zip Code

Date of Birth

