

**Agreement for Assumption of Risk, Indemnification, Release,
and Consent for Emergency Treatment**

Program: _____ Date _____

IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN (name of event) on (date), I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ EACH OF THE FOLLOWING PARAGRAPHS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE UW-MADISON OFFICE OF **RISK MANAGEMENT** AT EITHER 262-8926 OR 262-0379.

Assumption of Risks:

I understand that the (description of activity), by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve (most common types of injuries). The specific risks vary, but range from: 1) minor injuries such as (blank), to 2) major injuries such as (blank), to 3) catastrophic injuries including death. **I 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. I further understand that I am ultimately responsible for my own safety.**

Signature: _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of permission to participate in the (name of activity), I agree, for myself, my heirs, personal representatives or assigns, to defend, hold harmless, indemnify and release, the Board of Regents of the University of Wisconsin system, its officers, employees, agents, 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 above-listed activity. This release includes claims based on the negligence of the (sponsor) and its 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:** _____

Consent for Emergency Treatment:

I authorize (name of department) administrators, 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. I understand that this coverage is not provided to me by the University.

Signature: _____ **Date:** _____