I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis and even death. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin.

I know, 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.

Ε I agree to the assumption of risks

Hold Harmless, Indemnity and Release:
In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin Parkside, and their officers, employees, agents, volunteers, and all others who are involved, 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 program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin Parkside, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

Ε I understand by agreeing to this clause I am releasing and giving up substantial rights, including my right to sue

Consent for Emergency Treatment:
I authorize the University of Wisconsin Parkside 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.

Ε I agree to the consent of emergency treatment

Ε BY CHECKING THIS BOX, I ACKNOWLEDGE THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, AND I CHECK IT KNOWINGLY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR DURESS.

Name (please print & include M.I.) ____________________________________________

Signature ________________________________ Date __________________________

Emergency Contact

Name: __________________________ Phone: __________________________

Relation: ____________________________________

File: Campus Activities & Engagement
Copy: Club President

Revised 8/7/2014