

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

I, _____ (print name) on behalf of my ward _____ (print name), age _____, agree to the voluntary participation in **UW Green Bay Softball 2017 Winter All-Skills Camp** held at the University of Wisconsin – Green Bay, Kress Event Center on **February 19th, 2017**. (By signing the agreement to the below stated terms, you are asserting authority to execute on behalf of your minor son, daughter or ward)

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT: RISK MANAGER at THE UW GREEN BAY, AT TELEPHONE NUMBER: 465-2210.

Assumption of Risks:

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 the university has advised me to seek the advice of my physician before participating in the above activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my 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.**

Signature of Parent or Guardian

(If Participant is under 18*): _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration for the participation of my ward in these activities, I, for **my ward**, 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-Green Bay, 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-Green Bay, and their 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.**

The undersigned acknowledges and agrees to all terms and policies addressed on page one.

Signature of Parent or Guardian

(If Participant is under 18*): _____ **Date:** _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Green Bay and its designated representatives to consent, on behalf of my ward, to authorize and consent 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.

Signature of Parent or Guardian

(If Participant is under 18*): _____ **Date:** _____

*If the participant is 18 years of age or older they must sign on their own

Name and Telephone number of person to call in case of emergency: _____

Phone and E-mail address of participant: _____