

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

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in recreational, service, and/or travel activities at the University of Wisconsin – Stevens Point and through **UW-SP Fencing Club** (organization name) during the period of June 2009 through May 2010.

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: Jeff Karcher, Campus Risk Manager, AT TELEPHONE NUMBER 715-346-3901.

## Assumption of Risks:

I understand that physical activity and participation related to **UW-SP Fencing Club** (organization) activities, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, others involve sustained physical activity, which places stress on the cardiovascular system and some involved mild activity. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. 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. I assume full legal and financial responsibility for my participation in these sponsored activities.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian  
(if Participant is Under 18): \_\_\_\_\_

Date: \_\_\_\_\_

## Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in **UW-SP Fencing Club** (organization) activities, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin- Stevens Point, and their officers, employees, agents, and volunteers, 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- Stevens Point, 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.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian  
(if Participant is Under 18): \_\_\_\_\_

Date: \_\_\_\_\_

## Conduct

I agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University. Additionally, I understand and agree that my participation in this Program may be terminated by the University with no refund of fees if I fail to maintain acceptable standards of conduct as established by the University and I accept responsibility for the costs of returning home if I am terminated under these circumstances.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian  
(if Participant is Under 18): \_\_\_\_\_

Date: \_\_\_\_\_

## Consent for Emergency Treatment:

I authorize the University of Wisconsin – Stevens Point 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian  
(if Participant is Under 18): \_\_\_\_\_

Date: \_\_\_\_\_