



UTAH WATER RESEARCH LABORATORY  
College of Engineering  
8200 Old Main Hill  
Logan UT 84322-8200

**UTAH STATE UNIVERSITY**

**Consent & Assumption of Risk and Liability Waiver**

I, \_\_\_\_\_ do voluntarily request and give consent  
to participate in the activity of: \_\_\_\_\_  
on (date) \_\_\_\_\_ to be conducted at \_\_\_\_\_  
\_\_\_\_\_ (location, address)

In consideration of my participation in this activity, I fully and voluntarily accept all risks that may arise from direct or indirect involvement with this activity, and hereby agree to relieve Utah State University, it's officer, agents, and employees (releasees) from any liability, except that for which they are solely negligent, and hold them (releasees) harmless from any injury, death, or property damage that may result from my participation in this activity.

I further understand and agree that my participation may be discontinued if, at the sole discretion of the Activity Supervisor, my behavior is considered hazardous or disruptive to the other participants.

I represent that I am in good health and in a physical condition capable of participating in such activity.

In the event of a medical emergency, I hereby consent and give permission to receive medical care at a nearby hospital and/or by other medical personnel as necessary.

Medical information and other concerns that should be known about me are:

Critical allergies (identify): \_\_\_\_\_  
\_\_\_\_\_

Other (identify): \_\_\_\_\_  
\_\_\_\_\_

Names and telephone numbers of persons to contact in case of emergency:

Name: \_\_\_\_\_ day phone \_\_\_\_\_ night phone \_\_\_\_\_

Name: \_\_\_\_\_ day phone \_\_\_\_\_ night phone \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_