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 ____________________________