

Eagle's View Challenge Ropes Course

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

I, _____ (print name), age _____, desire to participate voluntarily in the Eagle's View Challenge Ropes Course at the University of Wisconsin–Eau Claire.

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: **Allen D. Wiberg** of UW-Eau Claire at telephone number: **715-836-5601**.

Note to Parent(s)/Guardians

If your son, daughter or ward will be under 18 while participating in Eagle's View Challenge Ropes Course at the University of Wisconsin–Eau Claire, it is our policy to request your agreement to the stated terms, on behalf of your minor son, daughter or ward.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that there are certain inherent risks 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 Eagle's View Challenge Ropes Course. 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.**

Parent or Guardian Signature
(If participant is under 18): _____ Date: _____

Signature: _____ Date: _____
(If participant is 18 years or older)

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-Eau Claire, 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-Eau Claire, 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.**

Parent or Guardian Signature
(If participant is under 18): _____ Date: _____

Signature: _____ Date: _____
(If participant is 18 years or older)

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Eau Claire 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.

Parent or Guardian Signature
(If participant is under 18): _____ Date: _____

Signature: _____ Date: _____
(If participant is 18 years or older)