

UNIVERSITY OF WISCONSIN - PLATTEVILLE
PIONEER FARM
STATEMENT OF AUTHORIZATION AND RELEASE

COOPER LIVING & LEARNING CENTER
OVERNIGHT USE - INDIVIDUAL

Whereas, I desire to participate in activities at the University of Wisconsin-Platteville Pioneer Farm, I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation;
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation;
- 3) I voluntarily indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System, (*Board of Regents*) their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) arising out of my participation in activities at the University which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 4) I acknowledge that I have received, read and understand the Cooper Living & Learning Center Policies and Procedures Booklet.
- 5) By signing below, I acknowledge that I have read this document and understand and accept its terms.

Signature of Participant

Printed Name

Date

If age of Participant is less than 18 years:

Signature of Parent / Guardian

Printed Name

Date