CONSENT FORM

Event: _____________________  Participant Name: _____________________  Please Print

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in the above-mentioned activities, I, for myself, spouse, my 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-Platteville, 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-Platteville, 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 of Parent or Guardian: x ____________________________ Date: ________________
(Signature of participant, if over 18)

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Platteville 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 of Parent or Guardian: x ____________________________ Date: ________________
(Signature of participant, if over 18)

Release of Information:

I understand that the university may take photographs and/or videotapes of participants and activities. I agree that the University of Wisconsin-Platteville shall be owners of and may use such photographs and/or videotapes relating to the promotion of future programs. By signing below, I relinquish all rights that I may claim in relation to the use of photographs and/or videotapes. The contact information will not be released for other purposes.

Signature of Parent or Guardian: x ____________________________ Date: ________________
(Signature of participant, if over 18)