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

Art and Craft Classes

I,	(print name), age, desire to participate vo	oluntarily in the
•	elong Learning Institute at the University of Wisconsin – Green Bay	
CAREFULLY. I UNDERSTAND	BEING ASKED TO READ EACH OF THE FOLLOWING INTHAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINERISK MANAGER AT UW-GREEN BAY.	
Assumption of Risks:		
	participation in Lifelong Learning Institute courses, by its very nature eliminated regardless of the care taken to avoid injuries.	are, carries with
risks, dangers and hazards, which involve using tools and materials duany other tool used in creating art a which can be described herein, but scalds, injuries from using equipmentalls, and choking. I alone am responsave health and accident insurance in of Wisconsin. By signing this docuprevent me from being able to partic RISKS THAT ARE INHERE.	that activity related to participation in Lifelong Learning courses, ir may result in injury or illness. The class or classes I am register ring art and craft classes. This may involve cutters, scissors, hot iro and craft projects. Like all art activities, certain risks and dangers may include, without limitation, cuts, scrapes, scratches, puncture at and instruments, eye injuries or irritation, skin irritations, allergic insible for protecting myself against injury. I understand that I have an effect and that no such coverage is provided for me by the Universament, I am conforming that I do not have any medical condition cipate in this activity. I KNOW, UNDERSTAND, AND APPRINT IN THE ABOVE-LISTED PROGRAMS AND ACTAY PARTICIPATION IS VOLUNTARY AND THAT I K	ed to take may ns, hot wax and arise, not all of wounds, burns, reactions, slips, been advised to sity or the State s, which would ECIATE THE TIVITIES. I
Signature:	Date:	
Hold Harmless, Indemnity and Re	elease:	
In consideration of permission for retoday and on all future dates, I, for harmless, indemnify and release the Wisconsin — Green Bay, and their of demands, actions, or causes of action death which may result from my panegligence of the Board of Regents and their officers, employees, agents misconduct or gross negligence.	me to voluntarily participate in Lifelong Learning Institute's Craft for myself, my heirs, personal representatives or assigns, agree the Board of Regents of the University of Wisconsin System, the officers, employees, agents, and volunteers, from and against any on of any sort on account of damage to personal property, or per tricipation in the above-listed program. This release includes claim of the University of Wisconsin System, the University of Wisconsins, and volunteers, but expressly does not include claims based on a UNDERSTAND THAT BY AGREEING TO THIS CIGIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY	to defend, hold e University of and all claims, sonal injury, or ms based on the in – Green Bay, their intentional AUSE I AM
Signature:	Date:	
Consent for Emergency Treatmen	<u>t:</u>	
emergency medical/hospital care or TO BE RESPONSIBLE 1	isin – Green Bay and its designated representatives to consent, on me treatment to be rendered upon the advice of any licensed physicistron FOR ALL NECESSARY CHARGES INCURRED ATMENT RENDERED PURSUANT TO THIS AUTHORIZED	an. I AGREE BY ANY
Signatura	Data	