

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

**Culinary Classes**

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in the Culinary courses as a member of Lifelong Learning Institute at the University of Wisconsin – Green Bay.

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 THE RISK MANAGER AT UW-GREEN BAY.

**Assumption of Risks:**

I understand that physical activity related to participation in Lifelong Learning Institute activities, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The class or classes I am registered to take involves preparing and cooking/baking food. Like all cooking activities, certain risks and dangers arise, not all of which can be described herein, but may include, without limitation, cuts, scrapes, scratches, puncture wounds, thermal burns, chemical burns, scalds, injuries from using cooking equipment and instruments, eye injuries or irritation, skin irritations, allergic reactions, food poisoning, slips, falls, and choking. I understand that I am ultimately responsible for maintaining the quality of the food I prepare, cook and eat during any class or after any class. I alone am responsible for protecting myself against allergic reactions pertaining to food. 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. By signing this document, I am conforming that I do not have any medical conditions which would prevent me from being able to participate in this activity. **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.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hold Harmless, Indemnity and Release:**

In consideration of permission for me to voluntarily participate in Lifelong Learning Institute's Culinary class today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin – Green Bay, and their officers, employees, agents, and volunteers, 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 – Green Bay, 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:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consent for Emergency Treatment:**

I authorize the University of Wisconsin – Green Bay 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:** \_\_\_\_\_

**Date:** \_\_\_\_\_