

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

I, _____ (print name), age_____, desire to participate voluntarily in recreational activities during 2019 Camp Lloyd 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 CAMPUS RISK MANAGER AT (920) 465-2110.

Assumption of Risks:

I understand that the physical activities at **Gravity Trails LLC**, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity, the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. The risks for this specific activity include, among other things: collision with other boaters, animals, rocks, walls or other fixed objects; falling down; my own equipment failure or the failure of others' equipment; my own or others' negligence; objects or conditions on the road or water's surface that may cause me to fall; and drowning. I understand that the University has advised me to seek the advice of my physician before participating in this activity. 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.**

Signature: _____ Date: _____

Signature of Parent or Guardian

(If Participant is Under 18): _____ Date: _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in activities at Gravity Trails LLC, 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: _____

Signature of Parent or Guardian

(If Participant is Under 18): _____ Date: _____