

LIABILITY WAIVER & ASSUMPTION OF RISK

Geog 489, 698, 798

I, _____ (print name), desire to participate in activities, programs, classes, events, field trips and/or tests conducted, directed, supervised or sponsored by the Board of Regents of the University of Wisconsin System, operating as the University of Wisconsin–Milwaukee **College/Dept/Program/Class/Camp Name** (hereinafter referred to as UWM), located at **XYZ Hall, Room XXX**. These activities will primarily occur at the following locations: **Location A, Location B, etc.**

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS OR ALTER THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT **PROGRAM SUPERVISOR NAME** AT TELEPHONE NUMBER **414-xxx-xxx** or via email at **xxxxxx@uwm.edu**.

Assumption of Risks:

I understand that physical activity related to the **Name of Program/Class/Camp/Event**, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve **[example follows, revise to be specific to the above identified activity]** risks include slipping, tripping and falling, insect bites, overexposure to sun, hazardous weather and interaction with or use of tools, equipment and/or machines. Others include, unusual exertions of strength, pushing, pulling, sustained physical activity, which places stress on the cardiovascular system. Other 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 organ injuries, musculoskeletal injuries, eye injuries, back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that UWM 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 UWM.

I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED Name of Program/Class/Camp/Event ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.

Participant Signature: _____ **Date:** _____
(If under 18 years of age, a parent or guardian must also sign and date in space below)

Hold Harmless, Indemnity and Release:

In consideration of UWM permission for me to voluntarily participate in the **Name of Program/Class/Camp/Event**, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release UWM, 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 **Name of Program/Class/Camp/Event**. This release includes claims based on the negligence of UWM, 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.

Participant Signature: _____ **Date:** _____
(If under 18 years of age, a parent or guardian must also sign and date in space below)