

# Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in \_\_\_ Math Circle \_\_\_\_\_ at the University of Wisconsin – Milwaukee (“UWM”).

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 Prof. Suzanne Boyd, AT TELEPHONE NUMBER: 414 301-3525 or 414 229-4836.

## Assumption of Risks:

In consideration of the participant attending the Math Circle, the undersigned parent/guardian hereby releases and holds harmless the **Board of Regents of the University of Wisconsin System, its officers, employees and agents** herein after known as “**University**” and Math Circle from any and all liability occurring during the participation of the above-named event.

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. 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, the Board of Regents of the University of Wisconsin System 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 the above-mentioned activities, 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, its 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, 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.**

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

Date:

Signature of Parent or Guardian  
(if Participant is Under 18\*:

\_\_\_\_\_

Date:

## Consent for Emergency Treatment:

I authorize UWM 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:

Signature of Parent or Guardian  
(if Participant is Under 18\*:

\_\_\_\_\_

Date:

**\*If your son, daughter or ward will be under 18 while participating in recreational activities at UWM, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.**

