

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

I, _____ (print name), age _____, desire to participate voluntarily in the Fall Foliage Trip between the dates of October 7, 2019 and October 15, 2019.

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: Christopher C. Paquet, Campus Risk Manager paquetc@uwgb.edu (920) 465-2210.

Disclaimer:

In participating in the above named activity through the Division of Continuing Education & Community Engagement, through the University of Wisconsin-Green Bay ("UWGB") I acknowledge;

- 1) That as an adult, I assume full legal and financial responsibility for my participation in this activity. That UWGB is only a facilitator of this activity, not the direct provider of transportation, lodging, meals or other activities and that I participate in this activity at my own risk;
- 2) That I agree to abide by and shall conform to all applicable policies, rules, regulations and standards of conduct as established by the UWGB for participant conduct and any violation of applicable policies, rules, regulations and standards of conduct may result in my removal from the trip without reimbursement I shall accept termination of my participation in the trip by the UWGB with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University;
- 3) I am responsible for adhering to the itinerary for transportation, lodging and activities. I accept that I am responsible for arriving on time at the location and any of these items and if I fail to do so, I may be responsible for my own transportation, lodging or be excluded from participation in the activity.
- 4) That in the course of this activity transportation and activities may be provided by third parties independent of the UWGB. I understand that UWGB does not warrant the transportation or activity and therefore is not responsible for events which are controlled by those third party vendors;
- 5) That I understand all of the above was made aware of my obligations prior to participation and was given an opportunity to ask questions;

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in this trip (inclusive of all scheduled activities). 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:** _____

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:** _____