

University of Wisconsin-La Crosse Special Program/Event Participation

Assumption of Risk, Release and Indemnification

I, _____, and the undersigned, in full recognition and
(print or type name)

appreciation of the hazards and exposures involved do hereby voluntarily agree to assume all of the risks and responsibilities involving my voluntary participation in _____ scheduled from _____, 19____, or any independent research or activities undertaken
(month(s)/date(s))

as an adjunct thereto; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the State of Wisconsin, Board of Regents of the University of Wisconsin System and all its officers, agents, employees and volunteers from and against any and all claims, demands, and 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.

I confirm that I have health and accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me by the University or the State of Wisconsin. I have read and executed this document with full knowledge of its significance. In witness whereof, I have caused this release and indemnification agreement to be executed.

Student/Intern/Volunteer Signature Date Witness Signature Date

If Student/Intern/Volunteer is under the age of eighteen (18):

Parent or Guardian Signature Date Witness Signature Date

Parent or Guardian Signature Date

If Student/Intern/Volunteer is married:

Spouse Date Witness Signature Date