



**MEDICAL INFORMATION** I hereby certify that I have no health-related reasons or problems that preclude or restrict my participation in the project. I hereby consent to first aid, emergency medical care, and, if necessary, admission to a medical facility for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the project.

**EMERGENCY CONTACT**

Name Cell phone #

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; (b) that I am of legal age; and (c) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

**DATE** **SIGNATURE**

*Participants who are not 18 years of age or older must sign above, and also must obtain the signature of a parent or legal guardian below:*

I certify that I am the parent or legal guardian of the above-named participant in the project. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependant, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the project, and I hereby give my consent to participation by my dependent in the project, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the University from and against all claims, demands or suits that my dependent has or may have.

**DATE** **SIGNATURE**