Willamette University

Release, Indemnity, and Assumption of Risk

Activity/Event/Trip: ________________________________________________________________

Name of Participant: ___________________________________    Phone: _________________________

I am signing this release so that I can participate in the activity/event/trip described above. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the trip, including any associated travel, meals and lodging. I understand that if I have any concerns about my health and ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury, illness to me, or death, or loss/damage to my property while I am participating in this particular activity/event/trip. I agree to indemnify Willamette University and not to sue Willamette University for any harm or damage associated with my participation whether or not foreseeable or contributed to by the negligent acts or omissions of Willamette University or others. I understand that my participation is entirely voluntary.

I will not use any illegal drugs or consume alcoholic beverages even if I am of legal drinking age. I understand that all Willamette University Standards of Conduct are in effect while participating in this activity/event/trip.

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: ________________________________

Relationship to Participant: ________________________________

Contact’s Phone Number: ________________________________

In this agreement, “Willamette University” includes, but is not limited to, the University, its trustees, employees, representatives and students.

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

Signature of Participant: ___________________________________ Date: __________

If Participant is younger than 18 years old, Parent or Legal Guardian must also sign:

Signature of Parent or Legal Guardian: ___________________________ Date: __________