

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. This form must be signed by you as the participant AND by your parent or legal guardian. I, the undersigned, am aware that participation in Paul Petrino University of Idaho Football Camp (“Camp”) may include activities that are risky and dangerous. Both participant(s) and their parent(s) / guardians (“I”) acknowledge and accept the risks and give permission for participation in the Camp. I acknowledge that participation in this Camp has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: physical and sports activities related to football including but not limited to falling, lifting, bending, jumping, pulling, twisting, and competition in and/or practice of activities that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strains, sprains, joint injuries, heart malfunctions, and head injuries; contact with other participants and objects; activities supplemental to the Camp, such as walking to and from sites of interest; use or operation, by myself or others, of equipment; being outside or in the presence of inclement weather conditions including, heat and wind; contact with plants, animals or other environmental hazards; transit to or from the Camp locations and activity locations; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks. In consideration of the University of Idaho (“UI”) permitting me/my dependent to associate with the Camp, I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, The Regents of the UI, their agents and employees from any and all liability, claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above name Camp, whether caused by the University’s negligence or carelessness. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for heirs, estate, executor, administrator, assignees and all members of my family. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from Camp, and prompt return home at my/parent expense. I hereby certify that my dependent is in good health and I know of no medical reason why he/she is not able to participate in this Camp. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that he/she may sustain while participating in any Camp associated with the above named Camp. I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. I authorize the University of Idaho to use my or my child’s/dependent’s contact information to inform me/him/her of upcoming university events and activities.

Camper’s Signature: _____

Parent / Guardian’s Signature: _____

Parent / Guardian – PRINT Name: _____

Date: _____

EMERGENCY CONTACT INFORMATION – PLEASE PRINT

Name: _____

Relation to Participant: _____

Phone(s) Work: _____ Home: _____

Cell: _____