

## **Assumption of Risk || Emergency Medical Release || Health History Verification || Release of Liability**

### **Assumption of Risk**

I understand that there are risks in participating in recreational activities and educational workshops at Washington State University (WSU) Athletic Camps/Clinics. In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to myself/my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in WSU Camp/Clinic activities, include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, severe head, brain, neck or spinal injuries, paralysis, loss or use of arms and/or legs, eye damage, disfigurement, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from WSU Camp/Clinic activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

### **Emergency Medical Release**

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including WSU Camp/Clinic staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for myself/my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my/my child's health record from providers who treat me/my child and these providers may talk with the program's staff about my/my child's health status.

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the staff of WSU Camp/Clinic from decisions to seek emergency treatment.

### **Health History Verification**

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. If you fail to advise WSU of a medical condition, risks to you/your child may increase. I understand the information on this form will be shared on a "need to know" basis with WSU staff and volunteers. I give permission to photocopy this form. In addition, the health care provider has permission to obtain a copy of my/my child's health record from providers who treat me/my child and these providers may talk with the program's staff about my/my child's health status.

**Release of Liability**

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My/my child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.