

University of Idaho

College / Dept	College:	Strategic Enrollment Management	Department:	Career Services	
Activity Name	Dream it Do it HERE Youth Conference	Date:	3/18/2020	Location:	ID
Participant's Name	(First)	(Last)	(Age)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	(Home Address)			(City, State, Zip)	
Phones	(Cell)			(Home)	
Emergency contact(s)	Primary Contact Name:			(Relationship)	
	WORK PHONE:		HOME PHONE:	CELL:	
	Secondary Contact Name:			(Relationship)	
	WORK PHONE:		HOME PHONE:	CELL:	
PLEASE NOTE: Hospitals and clinics require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. The participant is responsible for all medical expenses.					

Acknowledgment of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. **Sign and return** this form to 875 Perimeter Dr, Moscow, ID 83844-2534. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Dream it Do it HERE Youth Conference ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity 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 death**, may occur: physical activities, including but not limited to baggage handling, setting up of displays, or touring facilities, while on campus or off, that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems; risks related to transit to or from the Activity locations including, but not limited to, travel by rented bus, including travel in unpredictable or extreme weather conditions that affect the method of travel safety; use or operation, by me or others of equipment in the condition in which they are found; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice, fog, and extremes of heat or cold that could cause injury or illness including but not limited to heat exhaustion or stroke, sunburn, frost bite, hypothermia, and dehydration; contact with animals, plants, insects and biological or environmental hazards; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **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 University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. I understand I am responsible for all medical expenses and/ or property losses.**

It is my express intent that this Acknowledgment of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. If I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact the Center for Disability Access and Resources (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering

such care, for treatment for injuries or illness that I may sustain while participating in the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webpages.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

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. **If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES, CHECK HERE ().**

I () do () do not **(please check one)** 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.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE	PARENT / GUARDIAN SIGNATURE
Participant's Name (PLEASE PRINT):	Parent/ Guardian Name (PLEASE PRINT):
Participant's Signature (PLEASE USE BLUE INK):	Parent/ Guardian Signature (PLEASE USE BLUE INK):
X	X
Date:	Date: