

**Agreement for Assumption of Risk, Indemnification, Release,
Precollege and Youth Virtual/Remote Programs**

I desire to allow my minor child/ward to participate voluntarily in _____ (insert camp name) at the University of Wisconsin- Stevens Point on (list program date). I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Continuing Education at 715-346-3838.

Assumption of Risks:

I understand that the _____ (insert camp name), by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve accidents and injuries, damages to property, the risk of data mining, phishing, viruses, malware, data breach of online information, cyberbullying, and other cyber risks. I understand that I have been advised to have health and accident insurance in effect for my child/ward along with appropriate property insurance coverage and that no such coverage is provided by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my child/ward's participation is voluntary and that I knowingly assume all such risks.

Hold Harmless, Indemnity and Release:

In consideration of permission for my child/ward to voluntarily participate in _____ (insert camp name), today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stevens Point, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my child/ward's participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stevens Point and their officers, employees, agents, and volunteers but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause, I am releasing claims and giving up substantial rights, including my right to sue.

Program Consent:

I hereby give permission for the University of Wisconsin-Stevens Point to collect information from me and my child through an online platform, for the limited purpose of Program registration and participation. I understand that this information will not be shared with any third-party, unless otherwise required by the third-party platform provider for participation. I understand that all programs are subject to all University of Wisconsin-Stevens Point guidance and policy around interacting in virtual spaces.

I further hereby authorize the University of Wisconsin-Stevens Point to photograph and video/audio record my child during the Program, and use or distribute any photograph, audio, or video recording ("Materials") related to Program activities that my child is depicted in. I also authorize use of these Materials for publication in a brochure, on University of Wisconsin-Stevens Point websites, or other University of Wisconsin-Stevens Point promotional material. Materials may also be distributed to other Program participants, or the public for educational purposes, including but not limited to a Program group photograph of all participants.

Participant Name: _____

Parent or Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____