



**Uniform Statement of Responsibility, Release, and Authorization to Participate in (a) UW-Stevens Point Program(s)**

Whereas, I desire to participate in Programs sponsored by the University of Wisconsin Stevens Point and \_\_\_\_\_ (Program(s)), and the University has approved my participation in these Programs during the period of \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_, I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in these Sponsored Programs;
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in these Sponsored Programs including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency;
- 3) Accident and health insurance including medical evacuation insurance are recommended for my participation in these Programs. I understand that the University encourages me to have appropriate insurance coverage for the entire time of these Sponsored Programs;
- 4) I agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University;
- 5) I understand and agree that my participation in this Program may be terminated by the University with no refund of fees if I fail to maintain acceptable standards of conduct as established by the University and I accept responsibility for the costs of returning home if I am terminated under these circumstances;
- 6) I understand and agree that the University may make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes;
- 7) I voluntarily indemnify and hold harmless the University of Wisconsin Stevens Point, the Board of Regents of the University of Wisconsin System (Board of Regents), their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 8) I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Name of Parent/Guardian (if Participant is under 18 years of age)

\_\_\_\_\_  
Participant's Signature (or Parent/Guardian Signature)

\_\_\_\_\_  
Date