

AGREEMENT FOR PARTICIPATION IN UNIVERSITY OF ALASKA ACTIVITY

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, AGREEMENT TO RELEASE ALL CLAIMS AND AGREEMENT TO INDEMNIFY THE UNIVERSITY OF ALASKA

I, (print name) _____, want to participate in [insert University of Alaska activity date(s) and title]_____.

PLEASE READ CAREFULLY & SIGN BELOW
(Required for participation)

1. **Inherent Risks** - I understand and acknowledge that there are

8. **Other Providers** - I understand that my assumption of risk, release and indemnification of the University apply regardless of whether this activity is operated, sponsored, or hosted in whole or in part by the University of Alaska or a third party.

9. **Accommodations** - I certify that I am in good health and I know of no medical reason why I am not able to participate. If I have a disability, food or drug allergy, dietary requirements or any other condition requiring accommodation, I will contact the activity director at least fourteen (14) days prior to the start of the activity.

10. **Consent to Care** - I consent to first aid, emergency medical care, and if necessary admission to a hospital for care and treatment for injuries or illness anytime during this activity.

11. **Financial Responsibility** - I understand that I am responsible for obtaining insurance and for any expenses that arise out of medical care. Upon my request and at my expense accident insurance may be available to me through the University.

12. **Compliance with Rules**