

**UNIVERSITY OF WISCONSIN SYSTEM
UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, AND AUTHORIZATION
TO PARTICIPATE IN TREEHAVEN PROGRAMS**

Whereas, I desire to participate in Programs sponsored by the University of Wisconsin Stevens Point, and Treehaven, and the University has approved my participation in these Programs during the period of _____ to _____, I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in these recreational activities;
- 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 activities including authorizing medical treatment on my behalf and at my expense and return me home at my own expense for medical treatment or in case of an emergency;
- 3) I understand that the University encourages me to have appropriate insurance coverage for the entire time of the Field Program including any associated off-hours recreational activities. Accident and health insurance are recommended;
- 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 recreational activities is voluntary and I am under no obligation to participate;
- 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 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's Name (please print)

Participant's Signature

Date

Parent/Guardian Signature

(Needed if participant under the age of 18)

Date