
Name of Organization

Activity

Date of Activity

This _____ day of
Date

_____, 20_____
Month Year



Risk Awareness Agreement

The undersigned hereby acknowledges having read and understanding that participation in any UW-Stout activity is purely voluntary. The undersigned hereby releases the University of Wisconsin-Stout, its successors, assigns, officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the undersigned person's participation in activities.

The participant does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Stout, their officers, agents and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned.

The undersigned further agrees and understands that many activities involve substantial risk of injury, and the University does not provide medical insurance covering such injury. The undersigned has, accordingly, been encouraged and is hereby encouraged to secure adequate insurance protection.

If the undersigned is married, in a domestic partnership and/or a minor, then the signature of the spouse, domestic partner, parent or guardian appearing in the space below signifies acceptance by said spouse, domestic partner, parent or guardian that the terms and conditions, hereof, shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them may have against the University of Wisconsin-Stout, its assigns, successors, officers, agents or employees as a result of the undersigned person's participation in the activities described.

Participant's Name (please print)

Participant's Signature

Parent or Guardian (if student is a minor)