

University of Idaho

College / Dept	College:	Art and Architecture	Program:	Summer Design Days	
Activity Name	Summer Design Days	Date:	June 27, 2019 through June 30, 2019	Location:	Moscow, ID And surrounding area
Participant's Name	(First)	(Last)	(Age)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	(Home Address)			(City, State, Zip)	
Phones	(Cell)			(Home)	
Emergency contact(s) & Insurance info	Primary Contact Name:			(Relationship)	
	WORK PHONE:		HOME PHONE:	CELL:	
	Secondary Contact Name:			(Relationship)	
	WORK PHONE:		HOME PHONE:	CELL:	

PLEASE NOTE: Hospitals and clinics require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. **The participant is responsible for all medical**

Acknowledgment of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. **Sign and return** this form to Art & Architecture Summer Design Days ATTN: Amanda Myron 875 Perimeter Dr. MS2461 Moscow, ID 83844-2461. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Summer Design Days ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) I guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities, whether on campus or off, that **bear risk and danger and from which bodily injury to myself, or my child, up to and including death**, may occur:

Risks common to all activities at Summer Design Days ("Activity"): being in unfamiliar physical and social environments; tour activities, including staying in campus housing overnight; attending classes, workshops and demonstrations; social activities including but not limited to working with community members, attending new student functions, meals, and meeting faculty and staff; use or operation, by me or others of equipment in the condition in which they are found; physical activities related to Activity, touring area and structures, and general travel, while on campus or off, that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in serious neck, head or spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other parts of the muscular-skeletal system, and serious injury or impairment to other basic functions, general health, and wellbeing; risks related to transit to or from the Activity locations including, but not limited to, travel by UI owned auto, private auto, and walking or hiking, including travel in unpredictable or extreme weather conditions that affect the method of travel safety; exposure to inclement weather including, but not limited to rain, sun, wind, and extremes of heat or cold that could cause injury or illness including but not limited to heat exhaustion or stroke, sunburn, hypothermia, and dehydration; contact with environmental hazards, insects; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; and other unknown and unanticipated activities and risks.

In addition to the risks listed above, I understand that participation in outdoor activities and swimming at Summer Design Days ("Activity") includes the following additional activities and risks: drowning; physical activities related to walking, hiking and swimming including but not limited to touring areas with uneven and unpredictable surfaces with limited lighting; carrying heavy objects, falling, lifting, bending, jumping, pulling, pushing, propelling, tripping, and twisting that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, eye injuries, heart malfunctions, concussions and head injuries;

In addition to the risks listed above, I understand that participation in a variety of physical and sporting activities, at Summer Design Days ("Activity") includes the following additional activities and risks: physical activities related to the playing, practice of, and /or competition in a variety of games and activities, including but not limited to dodgeball, running, golf, tag, ping pong, ultimate Frisbee, basketball, volleyball, bowling, aerobics, all of these physical, sporting, game and performance activities can involve movements including but not limited to drowning, propelling, stepping, quick movements, arm swinging, hitting, striking, loss of balance, falling, slipping, lifting, bending, jogging, jumping, tackling, pulling, running, stretching, tripping, twisting; all of these physical activities related to the playing, practice of, and /or competition in a variety of games and activities that would involve strenuous exertion that could place stress on

cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, heart malfunctions, and head injuries; use of equipment by myself or others in the condition in which it is found; being struck by other participants or bystanders; contact or collision with objects, participants or bystanders in the environment; being hit or struck by items used in the activities or in the environment, in the condition in which they are found;

In addition to the risks listed above, I understand that participation in studio projects at Summer Design Days ("Activity") includes the following additional activities and risks: use or operation of studio equipment and materials, by myself or others, in the condition in which they are found; handling and contact with art materials and other art products; contact with biological hazards, environmental hazards; physical activities that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in broken bones, strain, sprains, joint injuries, eye injuries; heart malfunctions, concussions and head injuries;

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. I understand I am responsible for all medical expenses and/ or property losses.**

It is my express intent that this Acknowledgment of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from any Activity site, or if I or my dependent is a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my or my dependent's use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I or my dependent takes that is outside the scope of the scheduled Activity, regardless if occurring before, during or after the period of the Activity. I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I or my dependent may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I or my dependent chooses to travel in a personally owned vehicle, it is my or my dependent's responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in the Activity. If I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to a hospital when necessary for administering such care, for treatment for injuries or illness that I may sustain while participating in the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webs.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. **If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES, CHECK HERE ().**

I () do () do not **(please check one)** authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PLEASE SIGN IN BLUE INK	
PARTICIPANT'S SIGNATURE	PARENT(S) / GUARDIAN(S) SIGNATURE
Participant's Name (PLEASE PRINT):	Parent/Guardian Name (PLEASE PRINT):
Participant's Signature (PLEASE USE BLUE INK):	Parent/Guardian Signature (PLEASE USE BLUE INK):
X	X
Date: _____	Date: _____