

University of Idaho

College / Dept.	College Natural Resources	Department	Taylor Wilderness Research Station
Activity Name	Taylor Wilderness Research Station Visitor	Date	2019 / 2020 Location TWRS
Participant's Name	(First) _____ (Last) _____	Gender	
Address	(Street) _____	(City, State, Zip) _____	
Phones	(Cell) _____	(Home) _____	
Emergency Contact(s) & Insurance Info	PRIMARY CONTACT NAME		(Relationship)
	PHONES	WORK	HOME
	SECONDARY CONTACT NAME		(Relationship)
	PHONES	WORK	HOME
	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 expenses.		

Acknowledgement of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. Please read both sides of this page. **Sign and return** this form to University of Idaho, College of Natural Resources, Attn. Darrell Stout, P.O. Box 1130, Moscow ID 83844-1130. **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 as a Taylor Wilderness Research Station Visitor ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I/me") 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 that bear risk and danger and from which bodily injury to myself, or my child, up to and including death, may occur: risks arising from control and performance of equines that, with or without warning or any apparent cause and regardless of previous training and past performance, could make unpredictable movements, including but not limited to, bucking, kicking, rearing, running, jumping obstacles, stumbling, rolling, falling, biting, pawing, stepping on or moving people or things; risk of severe injury or death, including drowning, in the process of obtaining water, soil, and sediment samples from various research site locations; wading or boating in unpredictable and variable water flows and waterways; camping and survival skill learning opportunities; becoming lost or disoriented; activities supplemental to the Activity, such as controlling animals in unfamiliar areas and around other animals, walking, hiking, and climbing, to and from sites of interest; physical activities related to boating, building trails, camping, backpacking, back country research, climbing ladders, falling trees, hammering, lifting or carrying heavy items, use of hand tools, outdoor survival, painting, riding or controlling equines, or wading that could involve strenuous exertion that could place stress on cardiovascular and/or musculoskeletal systems and result in broken bones, strain, sprains, joint injuries, heart malfunctions, and head injuries; use or operation, by me or others, with varying skill levels, of boats, equipment, hand tools and vehicles in the condition in which they are found, including but not limited to use of powered and unpowered saws, and research equipment; exposure to inclement weather including, but not limited to extremes of cold or heat, rain, fog, sun, and wind that could cause injury or illness including but not limited to frostbite, heat exhaustion or stroke, sunburn, hypothermia and dehydration; falling rocks or trees; lightning; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards, including but not limited to poisonous snakes, bears, wolves, cougars, bees, falling trees, wildfires, flashfloods, and adverse weather conditions; risks related to transit to or from the Activity locations including but not limited to travel by airplane, helicopter, bus, van, private or rented auto and or livestock; use of facilities, fences, gates, trails, roads, sidewalks, and parking lots that may or may not be properly maintained; exposure to contaminated food or untreated water; lack of food and or water; staying overnight at research site locations by remote camping; 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 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 Acknowledgement 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 acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my 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 one week (7 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.

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INITIAL PAGE 1 HERE:

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 ().

As the **parent/guardian**, 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.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: