



Idaho State  
University

## Assumption of Risk Agreement ISU Athletic Camps

**In consideration for the opportunity to participate in this event, I voluntarily agree to assume all risks involved in my participation.** I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to: sprains, strains, abrasions, contusions, injuries to the face, broken bones, tearing of ligaments or tendons, internal injuries, head-injuries, paralysis, cardiovascular stress, dehydration, heat rash, heat exhaustion, heat stroke, other heat related illnesses, potential risk of illness and injury from extreme weather conditions, other injuries related to collision with other players and fixed or moving objects, risk of negligence from myself or other participants, and other foreseeable and unforeseeable risks of injury or death that may occur that ISU cannot specifically anticipate and list here. I understand and acknowledge that equipment may fail or malfunction, despite reasonable maintenance and use. Furthermore, I understand and acknowledge that ISU maintains only its own equipment and is not responsible for the equipment of you or the other participants.

I agree, to be fully responsible for my conduct and to act at all times in a manner which does not jeopardize the safety of myself or other persons. I have reviewed the event description and verify I have no physical or mental condition which would endanger myself or others by my participation in this activity. I understand that ISU reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others. I agree to follow all event rules, instructions, safety protocols, and proper use of any equipment.

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances.

I grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

**I have read, understand, and agree to the above:**

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>

**For Minor Participants:** I am the parent or legal guardian of the Participant above. I have read this Agreement and voluntarily agree for myself and the Participant to be bound by its terms.

_____	_____	_____
<i>Name of Parent/Guardian</i>	<i>Signature</i>	<i>Date</i>

**Emergency Contact:**

_____	_____	_____
<i>Name of Emergency Contact</i>	<i>Relationship</i>	<i>Phone Number</i>