

University of Idaho

College / Department:	ASUI Cycling Club	Activity: NW Collegiate Cycling Association Conference Championship	Location: Moscow ID	Dates: April 22, 2012
Participant: <small>PLEASE PRINT:</small>	Name:	Age:		Gender:
	Street Address:	(City:		State, Zip:
	(Home Phone)	(Work Phone)		

Acknowledgement of Risk and Waiver of Liability

Participants must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to Activity Coordinators. 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 NW Collegiate Cycling Association Conference Championship ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge and understand 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: may occur: risk of severe injury or death in the course of cycling for touring, recreational or competitive activities; operating on closed and unclosed courses; physical activities, related to cycling including, but not limited to, lifting, bending, pulling, pushing, and propelling that would involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems; activities supplemental to the Activity, such as walking or riding to and from sites of interest; use or operation, by me or others with varying skill levels, of equipment and vehicles in the condition in which they are found; exposure to inclement weather including, but not limited to extremes of cold or heat, rain, sun, and wind that could cause injury or illness including but not limited to heat exhaustion or stroke, sunburn, hypothermia and dehydration; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; risks related to transit to or from the Activity locations including but not limited to travel by bus, van, private or rented auto; use of facilities, roads, sidewalks, parking lots, trails, and terrain that may or may not be properly maintained; 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; 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 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.**

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.

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, with or without accommodation, I am in good health and I know of no medical reason why I am not able to participate in this 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 an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I may sustain while participating in Activity the above-named Activity. **I understand that I am responsible for all medical expenses.**

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.

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: