

Agreement for Assumption of Risk & Indemnification Release

I, _____ (print name), age _____, desire to participate voluntarily in the **Spring Sprint for the Arb** at the University of Wisconsin – Madison, on the **April 17, 2010**.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the **Spring Sprint for the Arb** has advised me to seek the advice of my physician before participating in the **Spring Sprint for the Arb**. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. **I verify that I will be responsible for any medical costs I incur as a result of my participation in the above listed activity. I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ **Date:** _____

**Signature of Parent or Guardian
(If Participant is under 18*):** _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Spring Sprint for the Arb, the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Spring Sprint for the Arb, the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ **Date:** _____

**Signature of Parent or Guardian
(If Participant is under 18*):** _____ **Date:** _____