

**Individual Participant Waiver and Release Agreement**

The undersigned in consideration for the right to participate in the “Activity” **Human Performance Lab and Nutrition Biochemistry Lab Fitness and Laboratory Testing**, hereby agrees to this waiver and release.

I recognize that Human Performance Lab and Nutrition Biochemistry Lab Testing may have a risk of personal injury and/or damage to my property. This includes muscular or skeletal injury, difficulty breathing, abnormal blood pressure responses, fainting, abnormal heart rhythms or rates, and in rare instances, heart attack, cardiac or respiratory arrest, stroke, or death. I hereby freely assume all risks which may be associated with or result from participating in Fitness and Laboratory Testing.

I further agree to release the State of Utah, Weber State University (WSU), their officers, employees, agents, contractors and volunteers (“Releasees”) from any and all liability, claims, demands, actions, loss, damage, injury, illness, or harm (“Claims”) to me of any kind or nature arising out of participation in the Activity including where Claims occur due to the negligence of Releasees.

In consideration for being allowed to participate in the activity, I also grant permission to the University to use my photograph, video, or likeness on its website or in any other publication at any time including publicity for or about the activity. I waive all rights to receive compensation in connection with the taking and use of my likeness.

* I have read and understand the Activity description as described in the provided documentation.
* I confirm that I am physically fit and/or have been cleared by my physician to engage in the Activity.

# CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

**I AM 18 YEARS OF AGE OR OLDER, HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING WAIVER AND RELEASE, AND I SPECIFICALLY INTEND IT TO COVER MY PARTICIPATION OR COMPETITION IN THE ABOVE DESCRIBED ACTIVITY.**



Participant Printed Name Signature W# Date

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Age Email Phone #

IN CASE OF EMERGENCY, please contact: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*If under 18 do not use this form, you must submit an informed consent signed by a parent or legal guardian.