



## Individual Participant Waiver and Release Agreement

The undersigned in consideration for the right to participate in the below described activity ("Activity") hereby agrees to this waiver and release.

I recognize that the Activity may have a risk of personal injury. Some of the risks include, but not limited to injuries resulting from, slips, falls, cuts, burns, exposure to fumes, heat/cold, sun, wind and adverse weather conditions, noise, risks associated with puncturing of the skin like pain, bleeding, infections, bruises, discoloration of the skin, nausea, dizziness, and sickness.

I understand that the above description of risks is not complete and that other unknown or unanticipated risks, hazards and dangers may result in injury, damage, death, or other loss. I acknowledge that I am fully capable of participating in this activity without causing harm to myself or others. I understand that the presence of Weber State University (WSU) personnel is no assurance of my safety or the lessening of any of these risks.

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, claim, 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 Releases.

### Photo Release

I authorize and release to WSU the use of my image in any photograph or video recording for any purpose of WSU.

Name of Activity: **Employee Health & Wellness Week 5K Trail Fun Run/Walk**

**Friday, May 5, 2018 starting at 8:00 am**

**Discovery Trailhead/ WSU ParCourse, Ogden UT**

### 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 IN THE ABOVE DESCRIBED EVENT.**

---

Participant Printed Name

Signature

W#

Date

---

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.