



Wisconsin Hoofers

Mountaineering • Outing • Riding • Sailing • Scuba • Ski & Snowboard

608-262-1630 • Fax: 608-262-0156 • www.hoofers.org

Memorial Union • 800 Langdon Street • Madison, WI 53706-1459

University of Wisconsin–Madison

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

12/01/2014

My name: (print) _____ PHONE: _____

EMAIL _____

IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN THE DEVIL'S LAKE CENTURY CLIMBING CHALLENGE, I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ EACH OF THE FOLLOWING PARAGRAPHS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE UW-MADISON OFFICE OF RISK MANAGEMENT AT EITHER 262-8925 OR 262-0379.

Assumption of Risks:

I understand that specific activities of the Devil's Lake Century Climbing Challenge, which may include rappelling, top rope climbing, sport climbing, traditional lead climbing, bouldering, ice climbing, hiking, and camping by their very nature are hazardous action sports with certain inherent risks that may not be eliminated even with special care taken to avoid injuries. These injuries could include cuts, scrapes, contusions, bruises, eye injuries including loss of sight, broken bones, concussions, illness, fractures, hypothermia, drowning, and death by other causes, and permanent disfigurement and disability from these injuries.

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 understand and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I further agree to assume responsibility for expense of repair or replacement of Hoofers equipment that is attributable to my reckless or irresponsible behavior.**

Signature: _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in Wisconsin Hoofers activities, today and on all future dates, **I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release, the Wisconsin Hoofers, Devil's Lake Century Climbing Challenge and its sponsors, the Board of Regents of the University of Wisconsin System, its officers, employees, agents, 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 (including travel to and from the various trip and program destinations).** This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, and its officers, employees, agents 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:** _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Madison and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ **Date:** _____