

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

Program: RECREATIONAL AND OTHER PERSONAL PURSUITS

IN CONSIDERATION OF MY USE OF THE STOCK PAVILION FOR RECREATIONAL OR OTHER PERSONAL PURSUITS, 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 the use of the Stock Pavilion may expose me to animal diseases, specifically E. coli 0157:H7, which has previously been found in this facility. I have read the flyer entitled *Special Health Information for Animal Use Facility Visitor*. Although every effort is being made to make this facility as safe as possible, the potential for exposure remains. The specific risks vary, but range from minor illness to serious illness that might necessitate hospitalization, or even death. You will be asked to maintain appropriate sanitation including frequent hand-washing. No food is permitted inside the building. **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.**

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

Signature: _____ Date: _____

Hold Harmless, Indemnity and Release:

In consideration of my participation, I agree, for myself, my heirs, personal representatives or assigns, to defend, hold harmless, indemnify and release, 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. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, and its 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*)

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

Signature: _____ Date: _____