

CONSENT, ASSUMPTION OF RISK, WAIVER, AND INDEMNITY AGREEMENT

EWU Club Sports Trip

Club: _____ Destination: _____ Date(s): _____

For and in consideration for the opportunity to participate in this Club Sports Trip, Participant voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in this Club Sports Trip.
2. I acknowledge that my participation is voluntary. I also agree that for the purpose of this agreement, "TRIP" includes participation in the EWU Club Sports trip noted at the top of this form, including travel to and from the stated destination and any other activities related to this trip.
3. I understand and acknowledge that this TRIP includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, tripping, muscle or skeletal injuries, collisions, and exposure. I voluntarily choose to participate in this TRIP with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I further understand and acknowledge that my travel to and from this TRIP includes some inherent and dangerous risks. Further, when transportation is furnished by me for the purpose of participating in the TRIP, it is expressly understood that I am solely responsible for any personal injury to myself, to passengers in my privately-owned vehicle, or to other persons, or damage to my personal property or the property of passengers or other person's incident to such transportation in traveling to and from any location as is necessary to participate in the TRIP.
5. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, or any property belonging to me, while participating in this TRIP or any activities related to this TRIP, including transportation to and from the location of this TRIP. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this TRIP on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my participation in this TRIP.
6. I certify that I am in good health and have no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in this TRIP. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm fitness for participation in this TRIP;
 - b. If I have a prescription for medications or am taking over the counter medications, I should confirm with my medical provider whether the medications will impact my participation in this TRIP; and
 - c. I should not participate in this TRIP while under the influence of any medication that may impact my ability to safely participate.
7. Neither EWU, nor their employees/agents serve as guardians or insurers of my safety. EWU does not provide any special insurance for my protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to myself or my property, including but not limited to, emergency transport, emergency medical services, medical treatment, and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage if accident or injury occur.
8. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my ability to fully participate in this TRIP. In the event that any medical attention is needed and I am unable to provide consent on my own behalf, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval of a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being, all at my expense.
9. I grant full permission for EWU to use any photographs, recordings, or any other record of this TRIP for any purpose.

By my signature below, I certify that I am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in the EWU Club Sports Trip.

Signature

Date

Printed Name

Date of Birth

Emergency Contact Name

Emergency Contact Phone Number

CONSENT, ASSUMPTION OF RISK, WAIVER, AND INDEMNITY AGREEMENT (FOR MINORS)

EWU Club Sports Trip

Club: _____ Destination: _____ Date(s): _____

For and in consideration for the opportunity for his/her child to participate in this Club Sports Trip, the below named parent/guardian voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child's participation in this Club Sports Trip.
2. I acknowledge that my child's participation is voluntary. I also agree that for the purpose of this agreement, "TRIP" includes participation in the EWU Club Sports trip noted at the top of this form, including travel to and from the stated destination and any other activities related to this trip.
3. I understand and acknowledge that this TRIP includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, tripping, muscle or skeletal injuries, collisions, and exposure. I voluntarily choose to allow my child to participate in this TRIP with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I further understand and acknowledge that my child's travel to and from this TRIP includes some inherent and dangerous risks. Further, when transportation is furnished by myself or my child for the purpose of participating in the TRIP, it is expressly understood that I am solely responsible for any personal injury to myself, my child, to passengers in my or my child's privately-owned vehicle, or to other persons, or damage to my personal property or the property of passengers or other person's incident to such transportation in traveling to and from any location as is necessary to participate in the TRIP.
5. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or any property belonging to my child, while participating in this TRIP or any activities related to this TRIP, including transportation to and from the location of this TRIP. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this TRIP on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my child's participation in this TRIP.
6. I certify that my child is in good health and has no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect their safety, or the safety of others, related to my child's participation in this TRIP. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm my child's fitness for participation in this TRIP;
 - b. If my child has a prescription for medications or is taking over the counter medications, I should confirm with my child's medical provider whether the medications will impact my child's participation in this TRIP; and
 - c. My child should not participate in this TRIP while under the influence of any medication that may impact his/her ability to safely participate.
7. Neither EWU, nor their employees/agents serve as guardians or insurers of my child's safety. EWU does not provide any special insurance for my child's protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to my child or my child's property, including but not limited to, emergency transport, emergency medical services, medical treatment, and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage if accident or injury occur.
8. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my child's ability to fully participate in this TRIP. In the event that any medical attention is needed and I am unable to provide consent on my own behalf, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my child's health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval of a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being, all at my expense.
9. I grant full permission for EWU to use any photographs, recordings, or any other record of this TRIP for any purpose.

By my signature below, I certify I am the legal parent or guardian of the named child, am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child's participation in the EWU Club Sports Trip.

Minor's Name (Please Print)

Minor's Date of Birth

Parent/Guardian/s Name (Please Print)

Parent/Guardian's Signature Date

Emergency Contact Name

Emergency Contact Phone Number