

**Agreement for Assumption of Risk, Indemnification, Release,  
and Consent for Emergency Treatment Parental/Guardian Permission**

I, \_\_\_\_\_ (print name), desire to allow my minor child/ward to participate voluntarily in Project Boolean at the University of Wisconsin–Madison on April 20 2019.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE (Adult Supervisor Lori Hunt: 608-798-9936).

**Assumption of Risks:**

I understand that the Project Boolean, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as sprains, strains, cramps, etc. to 2) major injuries such as contusions, broken bones, respiratory and circulatory/cardiovascular complications, joint damages, and other musculoskeletal damages and injuries, to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before allowing participation this activity. I understand that I have been advised to have health and accident insurance in effect for my child/ward and that no such coverage is provided for my by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my child/ward's participation is voluntary and that I knowingly assume all such risks.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hold Harmless, Indemnity and Release:**

In consideration of permission for my child/ward to voluntarily participate in Project Boolean, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, Middleton High School and their officers, employees, agents, and volunteers, 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 child/ward's participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, Middleton High School and their 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:** \_\_\_\_\_

**Consent for Emergency Treatment:**

I authorize the University of Wisconsin-Madison, Middleton High School and their 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 to my child/ward. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_