

Snow Fun Assumption of Risk and Waiver for Participants

		18 Years of Age and Older		
YOUTH CONFERENCE	Participant Name:			
ADDILI COLLI EVENCE	Group Name:	Participation Dates:		
Activities: All	Snow Fun Activities	while on campus and Badger Mountain/Ropes Course		
activities. So eliminated with statements be fatal injury the	me risks may be inhe thout altering the na elow. Do not sign un at you are assuming	nificant risks associated with outdoor adventures and/or erent, may occur through human error, or cannot be ature of the activity. Thus, before signing, carefully read the less you understand that there is a risk of severe and/or sole responsibility in the event of an injury or death, and rom all responsibility.		
participate invo dangers include failure, operate variable weath be reasonably activities asso	olves certain risks and le, but are not limited of or or instructor error, a ler conditions), actions eliminated. I understa ciated with this progra	(print participant's name), being at least 18 years of age, nowFun Program activity in which I intend to voluntarily I dangers for which I assume full responsibility. These risks and to, travel to and from an activity, falls, falling rocks, equipment acts of nature (i.e. cold or hot weather related injuries and/or so of myself or others, and risks inherent in the activity that cannot and that injuries that may result from my participation in any m or activity may include, but are not limited to, cuts, burns, es, psychological trauma, infection, and/or death.		
acknowledge t release the Sta and all liability, damage, injury	hat my participation in ate of Utah, Snow Colle , claims, demands, ac v, illness, or harm of a	all risks, including those risks not specifically identified, and in this activity is purely voluntary. I hereby waive all claims and ege, its officers, employees, agents, and volunteers from any tions, and causes of actions whatsoever for any loss, claim, my kind or nature arising out of participation in activities at Snow due to the released parties' negligence.		
participating in program staff i	the activities and/or a f I have any medical c	sks and affirm that I am physically and mentally capable of safely using the associated equipment. I agree to notify the condition that may restrict my participation in any way during the bnable accommodations.		
•	•	y with the instructions of all SnowFun instructors or other Snow all provided safety equipment as instructed.		
that it affects		e document and understand it completely. I also understand I have waived and release my rights in the event of an its terms.		
X		Date:		
(Participant's	Signature)			

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Medical Treatment Consent and Medical Emergency Information

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in Snow College's Snow Fun Program. I consent to any emergency medical aid, anesthesia, and/or operation if, in the opinion of the attending physician, such treatment is necessary. I either have appropriate insurance and/or agree to pay all costs of rescue and/or medical services as may be incurred in my behalf.

X	Date:	
(Participant's Signature)		
Emergency Contact Information:		
Emergency Contact Name:		
Emergency Contact Relation to Participant:		
Emergency Contact Phone #:	Alternate Phone #	

*This form must be presented by the participant to a SnowFun Host in exchange for a SnowFun wristband at campus kick-off or upon arrival at the Ropes Course *before* participation.

No Exceptions!