

Snow Fun Assumption of Risk and Waiver for Participants

THE	18 Years of Age and Older		
COMPE	Participant Name:		
UTH CONFERENCE			
.41141aa. A	Group Name:	Participation Dates:	
·		nile on campus and Badger Mountain/Ropes Course ificant risks associated with outdoor adventures and/or	
tivities. S minated w atements I tal injury tl	ome risks may be inhere rithout altering the nate pelow. Do not sign unle	ent, may occur through human error, or cannot be ure of the activity. Thus, before signing, carefully read the ess you understand that there is a risk of severe and/or sole responsibility in the event of an injury or death, and	
		(print participant's name), being at least 18 years of age,	
rticipate inv ngers inclu lure, opera riable weat reasonabl	volves certain risks and d ide, but are not limited to tor or instructor error, act ther conditions), actions of y eliminated. I understand	owFun Program activity in which I intend to voluntarily langers for which I assume full responsibility. These risks and , travel to and from an activity, falls, falling rocks, equipment its of nature (i.e. cold or hot weather related injuries and/or of myself or others, and risks inherent in the activity that canno d that injuries that may result from my participation in any or activity may include, but are not limited to, cuts, burns,	
gree to ass knowledge ease the S d all liabilit	sume responsibility for all that my participation in t tate of Utah, Snow Colleg y, claims, demands, actic	risks, including those risks not specifically identified, and his activity is purely voluntary. I hereby waive all claims and ge, its officers, employees, agents, and volunteers from any ons, and causes of actions whatsoever for any loss, claim,	
llege, incluect to part rticipating in	iding harms that occur du icipate in spite of the risk in the activities and/or sa f if I have any medical co	with the released parties is said affirm that I am physically and mentally capable of afely using the associated equipment. I agree to notify the indition that may restrict my participation in any way during the capable associated.	
gree that I		with the instructions of all SnowFun instructors or other Snow all provided safety equipment as instructed.	
at it affects	I have read this entire on the second in the second in the second in the second by its second in the	OVER document and understand it completely. I also und have waived and release my rights in the event of an sterms.	
		Date:	
Particinant'	'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!