

# FIELD RESEARCH PROJECTS/ BOISE STATE UNIVERSITY

## ASSUMPTION OF RISK

### WAIVER AND RELEASE FROM LIABILITY

**THIS DOCUMENT HAS LEGAL SIGNIFICANCE. PLEASE READ IT CAREFULLY.**

Boise State University offers members of the opportunity to participate in Field Research activities. Although Boise State University's takes reasonable steps to provide you with appropriate equipment and skilled leaders so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the experience. The same elements that contribute to the unique character of this experience can be causes of loss or damage to your equipment, accidental injury or illness.

I understand that the risks include, by way of example and not limitation, the following: Accidents that may occur while driving to and from or being transported to and from the activity sites; property damage loss; faulty equipment, the actions of others, and the possibility of injury, pain, and mental or emotional trauma. I FULLY UNDERSTAND THE DANGERS OF PARTICIPATION IN AN ACTIVITY OF THIS TYPE AND VOLUNTARILY ASSUME ALL OF THE RISKS ASSOCIATED WITH SUCH PARTICIPATION.

**Initial**\_\_\_\_\_

In consideration of the acceptance of my participation in Field Research activities, I hereby agree to and make the following contractual representations and agreements. I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the activity. With these demands in mind, I have no physical or mental condition, to my knowledge, that would endanger myself or others if I participate in the program. I agree to abide by all University rules and regulations, INCLUDING NO ALCOHOL, TOBACCO, OR ILLEGAL DRUGS WHILE PARTICIPATING IN THIS PROGRAM.

**Initial**\_\_\_\_\_

I understand and agree that situations may arise during my participation in the Field Research Activities, which may be beyond the control and scope of knowledge of the program leaders or participants. I RELEASE, FOREVER DISCHARGE AND AGREE NOT TO SUE AND INDEMNIFY the State of Idaho, Boise State University, and their officers, agents, and employees including program directors, staff, paid and volunteer leaders, and other program participants. I understand and agree that jurisdiction for any legal action will be in Ada County, Idaho.

**Initial**\_\_\_\_\_

I consent to the administration of medical treatment which may be required as determined by any employee or agent of Boise State University. I further release any person who procures or renders such medical services from and against any and all liability which may arise out of or be attributable to the requesting of or performance of such medical services. I affirm that I have adequate medical insurance to cover any medical assistance I may require.

**Initial**\_\_\_\_\_

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONCEPTS. I UNDERSTAND BOISE STATE UNIVERSITY STAFF RESERVE THE RIGHT TO DISMISS ME FROM THE FIELD RESEARCH ACTIVITIES DUE TO INAPPROPRIATE BEHAVIOR, LACK OF REQUIRED EQUIPMENT, OR ANY OTHER REASON THAT MAY JEOPARDIZE THE SAFETY OF THE PROGRAM. I AM AWARE THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN ASSUMPTION OF RISK, AN AGREEMENT NOT TO SUE AND A CONTRACT BETWEEN MYSELF AND BOISE STATE UNIVERSITY, AND FOR THE BENEFIT OF OTHERS DESCRIBED HEREIN, I SIGN OF MY OWN FREE WILL.

Participant's Signature:\_\_\_\_\_

Participant's Name (printed):\_\_\_\_\_

Date of Birth:\_\_\_\_\_

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

Phone:( ) \_\_\_\_\_

Parent or Guardian Signature if participant is under 18 years of age:

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

Name of Parent or Guardian:\_\_\_\_\_

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

Phone:( ) \_\_\_\_\_