

**IDAHO STATE UNIVERSITY
PHYSICAL EDUCATION ASSUMPTION OF RISK AND RELEASE**

STUDENT NAME: _____ **BENGAL ID#** _____ **AGE:** _____ **SEMESTER:** _____
CLASS NAME: _____ **PE/PEAC CLASS #** _____ **INSTRUCTOR:** _____ **DAY/TIME:** _____

ATTENTION STUDENT: If you have a disability requiring an accommodation, you may contact ISU ADA Disabilities Resource Center (282-3599).

I, (meaning an adult participant or guardian on behalf of my minor child), have read the physical education activity class warning document for this class and certify that I (or my minor child) is/am physically fit for this Activity. I, on behalf of my minor child, or myself, understand and acknowledge that participating in this Activity is voluntary and entails both known and unanticipated risks associated with Physical Education classes, which may include, but are not limited to, **risks specific to this Activity listed on the attached warning document.** By participating and signing this Assumption of Risk, I certify that I have read the attached warning document, have full knowledge of, and voluntarily assume all risks; that I (or my minor child) am/is in good health, and have no physical or mental limitations that would preclude safe participation.

On behalf of my minor child, or myself, I hereby consent to emergency medical care, including transportation to and exchange of medical information with a medical facility. I understand that I am responsible for all medical expenses. I grant ISU the right to use for promotional purposes any photographs or video footage taken of my minor or me during this Activity.

If I am executing this document as a parent/guardian of a minor child, I represent and warrant that I have read the terms and agree to them, and have the legal right to execute this document on behalf of the minor, and that this document, once executed by me, is fully enforceable in accordance with its terms. I agree to indemnify the Released Parties in the event the representation is not accurate.

Printed Name of Participant or Parent/Guardian if Minor Date

Participant or Parent/Guardian Signature Emergency Contact Name and Phone