

Assumption of Risk Agreement

Program Description:		
In consideration for the opportunity to painvolved in my participation. I understand may include but are not limited to: [INSERT	and acknowledge there are inherent	and unanticipated risks that
risk of negligence from myself or other par or death that may occur that ISU cannot sp my conduct and to act at all times in a n persons. I have reviewed the event descript endanger myself or others by my participa safety protocols.	ecifically anticipate or list here. I agr nanner which does not jeopardize tl ion and verify I have no physical or m	ee to be fully responsible for he safety of myself or other lental condition which would
I acknowledge ISU does not provide hea financially responsible for my own medica treatment becomes necessary and I am un may authorize or conduct treatment or care	Il expenses. I further agree that in thable to communicate, ISU staff or e	ne event emergency medical mergency medical
I also grant ISU the right to take and use educational or promotional purposes, include		
I have read, understand, and agree to the a	bove:	
Name of Participant	Signature	Date
Emergency Contact Information:		
Name	Relationship	Phone Number