

**IDAHO STATE UNIVERSITY-
MERIDIAN ENROLLMENT & STUDENT SERVICES
HEALTH SCIENCE EXPERIENCE NIGHT**

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In consideration of ISU permitting me to voluntarily participate in the HEALTH SCIENCE EXPERIENCE NIGHT sponsored by ISU-Meridian Enrollment & Student Services, I acknowledge and understand that participation entails both known and unanticipated risks associated with entering a gross anatomy lab to witnessing an anatomy demonstration with cadaveric organs and specimens, such as light headedness, illness, nausea, loss of consciousness, slip and fall injuries, broken bones, concussions, and even death, as well as damage to property or third parties. I have full knowledge of and voluntarily assume all risks, am in good health, and know of no physical or mental limitations that would preclude the safe participation in this Activity.

Parent/Guardian Signature

For minor participants who are at least 16 years of age

By signing this I hereby acknowledge and represent that: (a) I have read the above mentioned Assumption of Risk and Waiver of Liability in its entirety, understand it, and sign it voluntarily; and (b) the Assumption of Risk and Waiver of Liability is the entire agreement between me, Idaho State University and its terms are contractual and not an mere recital, and (c) if executing this document as a parent/guardian of a minor child, I represent and warrant that I have the legal right to execute this waiver on behalf of the myself and/or minor child and that the Assumption of Risk and Waiver of Liability, 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.

Participant Printed Name:	Parent/Guardian Printed Name:	
Participant Signature:	Parent/Guardian Signature:	Date: