



**Idaho State
University**

Assumption of Risk Agreement Health Science Experience Night

Name of Participant: _____ **Date of Birth:** _____

Program Description: Participants will get to explore opportunities in the health-science field. Students 16+ years of age may access anatomy labs and observe anatomy demonstrations with donor tissues.

In consideration for the opportunity to participate in this activity, I voluntarily agree to assume all risks involved in my participation. I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to risks associated with entering an anatomy lab to witness an anatomy demonstration with cadaveric organs and specimens, such as light headedness, illness, nausea, loss of consciousness; other accidents such as slips, trips, falls, etc. that could lead to sprains, strains, abrasions, contusions, dislocations, broken bones, internal injuries, head injuries, paralysis; risk of negligence from myself or other participants, and other foreseeable and unforeseeable risks of injury or death that may occur that ISU cannot specifically anticipate and list here.

I agree, to be fully responsible for my conduct and to act at all times in a manner which does not jeopardize the safety of myself or other persons. I verify I have no physical or mental condition which would endanger myself or others by my participation in this activity. I understand that ISU reserves the right to exclude my participation in this activity if my participation or behavior is deemed detrimental to the safety or welfare of others. I agree to follow all rules, instructions, safety protocols, and proper use of any equipment.

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

The Participant represents they are at least 18 years of age and have read, understand, and agree to the above OR the Participant's Parent or Legal Guardian represents that the Participant is not yet 18 years of age and/or is still under their care. Both the Participant and the Parent or Legal Guardian agree to the above.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____