



**Idaho State  
University**

## **Assumption of Risk Agreement Student Union Craft Shop**

**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: abrasions, contusions, cuts, lacerations, burns, dermatitis, sprains, strains, dislocations, broken bones, internal injuries, head injuries, paralysis; risk of allergic reactions to environment, materials, substances; risk of lost, stolen, or damaged personal belongings; risk of negligence from myself or others; 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 that 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 program 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 or tools.

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.

**I have read, understand, and agree to the above:**

_____	_____	_____
Name of Participant	Signature	Date

**For Minor Participants: 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.**

_____	_____	_____
Name of Parent/Guardian	Signature	Date

**Emergency Contact:**

_____	_____	_____
Name of Emergency Contact	Relationship	Phone Number