

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

FOR FIELD TRIP TO WILLARD ECCLES OBSERVATORY ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement must be completed in order to participate in the activities associated with this program.

Participant (print full name): _____

Program and/or Course: _____

Date(s) of Program/Course: _____

ASSUMPTION OF RISK

I, the undersigned, am the Participant named above. I am familiar with the curriculum and the activities which take place in the above named Program offered through the University of Utah (the "Program"). My participation in the Program may expose me to certain foreseeable and unforeseeable risks of injury such as, but not limited to illness, injury or even death. Knowing of these risks, I freely and voluntarily participate in the Program and hereby agree to assume and accept any and all risk of injury or death.

CONSENT TO TREATMENT

I agree that if any injury or emergency should occur with me during the Program, the University agents or employees accompanying me on the Program are authorized to take whatever steps are reasonably necessary in their judgment to attend to my medical needs. I agree to be responsible for any hospital expenses, doctor bills, or other expenses that may be incurred to attend to my medical needs.

WAIVER, RELEASE AND INDEMNIFICATION

I understand and acknowledge that the University of Utah ("University") is not an insurer of my behavior, actions or participation in the Program, and that the University assumes no liability whatsoever for personal injuries or property damages to me or to third persons arising out of my participation in the Program activities. I hereby agree to release, waive, covenant not to sue, indemnify and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or loss or damage to any property belonging to me arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

I do not have any heart, respiratory or other health conditions that would prevent my safe participation in the Program.

I have adequate health insurance to cover the costs of treatment in the event of any injury (provide health insurance information below).

I have read and understand the "Field Trip Safety Plan" for the Willard Eccles Observatory that was provided to me. I understand that I am responsible for my own safe behavior and for reporting any unsafe acts or conditions.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

_____ I am signing this Agreement for myself as Participant. I acknowledge that I am at least eighteen (18) years of age and I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

Signature of Participant

Date

Participant has been advised to maintain health and accident insurance to cover the costs of treatment in the event of any injury or illness.

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:
