

**Agreement for Assumption of Risk, Indemnification, Release,  
and Consent for Emergency Treatment**

Program: - **Check one**

**Hunter Safety Camp** Date: July 15-18, 2019

**Summer Camp** Date: July 22-25, 2019

IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN **Camp TaPaWingo's Hunters Safety Camp July 15-15, 2019 or Summer Camp July 22-25, 2019**, I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ EACH OF THE FOLLOWING PARAGRAPHS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Kevin A. Palmer, Manitowoc County UW-Extension 4-H Youth Development Educator at 920-683-4172.

**Assumption of Risks:**

I understand that Summer Camp, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve sustained physical activity. The specific risks vary, but range from: 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as fractures, internal injuries, concussions, to 3) catastrophic injuries including death. **I understand and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I further understand that I am ultimately responsible for my own safety.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hold Harmless, Indemnity and Release:**

In consideration of permission to participate in Camp TaPaWingo Summer Camp, I agree, for myself, my heirs, personal representatives or assigns, to defend, hold harmless, indemnify and release, the Board of Regents of the University of Wisconsin system, its officers, employees, agents, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Camp TaPaWingo and the Manitowoc County 4-H Leaders Association and its officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Emergency Treatment:**

I authorize Camp TaPaWingo and the Manitowoc County 4-H Leaders Association administrators, and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. I understand that this coverage is not provided to me by the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_