

# ***Assumption of Risk/Release of Liability Form***

## **Ecology and Natural Resource Teaching Area Rangeland, Wildlife and Fisheries Management Department**

I understand and agree that research, training, restoration, management, prescribed fire, and other related activities at the Ecology and Natural Resource Teaching Area of which I am a participant involves certain risks and regardless of the precautions taken by the University, some bodily injuries may occur. Specific risks/hazards involved in the activity include, but are not limited to the following:

1. Injuries related to activities involving the use of tools and equipment, including chainsaws, brush-cutters, table and rotary saws, welder, etc.
2. Injuries from animals such as snakes, scorpions, bees, etc.
3. Burns and other injuries associated with prescribed fire activities.
4. Exposure to amplified sound.

Knowing this information, I **expressly and knowingly release, discharge, covenant not to sue, and agree to hold harmless** the University, the State, its officers, and employees, from any and all liabilities, claims and causes of action for personal injury or death sustained by me arising out of any activity caused by **risks associated by this activity**.

In addition, I understand and agree the organization cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional, during my participation with the understanding that the cost of any such treatment will be my responsibility. I currently know of no medical reason why I should not participate.

I have read the agreement and have willingly signed for the consideration expressed and with full understanding of its purpose. I understand that this is a voluntary activity and does not require my participation in anyway. Participant represents that he/she is eighteen (18) years of age or older and is otherwise competent to execute this agreement.

Organization (if applicable): \_\_\_\_\_

Name (Print): \_\_\_\_\_ UIN (if applicable): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_