



The University of Wisconsin-Whitewater Precollege & Youth Programs

Release and Indemnification Agreement

*This form must be completed and returned with your application prior to the program start date.*

Participant Name: \_\_\_\_\_

Participant Primary Guardian(s): \_\_\_\_\_

Primary Guardian(s) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_ (participant name), who is under the age of eighteen and I, \_\_\_\_\_ (parent/guardian) am fully competent to sign this agreement.

I give permission for Participant to participate in the below-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Wisconsin-Whitewater, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of The University of Wisconsin-Whitewater, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Wisconsin-Whitewater and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligence or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**PLEASE RETURN with Application Materials:**

Name of Program: UW-Whitewater Summer Academic Camps (Office of PreCollege Programs)

Program Phone: 262-472-1126

Program Email: precollege@uww.edu