UNIVERSITY OF WASHINGTON BOTHELL & CASCADIA COLLEGE

OUTDOOR WELLNESS PROGRAM

ASSUMPTION OF LIABILITY AND RISK AGREEMENT

Course:_____

Trip Start Address: 18220 Campus Way NE, Bothell, WA 98011

Field trip date(s): _____

I acknowledge that the activity I am voluntarily participating in has inherent dangers with the potential for death, serious injury, and property loss. I realize that the inherent risks include but are not limited to: falls; equipment failure; injuries related to animals, plants or insects; bad decision-making; drowning; inclement weather; environmental hazards; exposure to communicable and/ or contagious viruses, infections, diseases, illnesses, epidemics, or pandemics (including without limitation COVID-19); transit to or from the class and activity locations including but not limited to travel by bus, van or private auto; use of roads, trails, terrain, and other routes in the condition in which they are found; rendering of first-aid, emergency treatment or other services; and consumption of food or drink. I understand that there are additional unforeseeable accidents, and I assume all risks associated with such accidents.

I agree to pay attention to the condition of all equipment, and to advise the staff if I do any damage or notice any damage. I agree to abide by all rules, and if the staff make a specific request or instruction to me, I agree to comply. I also understand that I am not allowed to instruct or teach any skills to others unless I am employed by Outdoor Wellness.

I certify that I am physically able to undertake this activity and know of no medical or health reason why I should not participate in this class.

Should I require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

I fully understand and acknowledge that the University cannot control the conditions of off campus destinations where the activity takes place, and that risks and dangers may be caused by the negligence (whether characterized as gross or otherwise) of the employees, officers or agents of the University; the negligence (whether characterized as gross or otherwise) of other participants or others; accidents; the forces of nature or other foreseeable or unforeseeable causes. I agree to assume all risk of personal injury, including paralysis and death, medical expenses, disability, lost wages, loss of earning capacity, and property damages and loss incurred while participating in an Outdoor Wellness Program. I hereby release the University of Washington, the Activities and Recreation Center, and any of its agents and employees from any loss, liability, damage, or costs, including court costs and attorney fees that they may incur due to my participation in this activity.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Signature:_____ **Date:**_____

Printed Name: _____ Student Identification #:_____

Parent/Legal Guardian Consent and Release on Behalf of Minor (if participant is under 18):

I am the parent or legal guardian of the above named minor. I have read and understand the Agreement and realize it relates to surrendering valuable legal rights of the minor and me. I agree to be bound by all the terms of the Agreement and consent to the minor's participation in the activity.

Name: _____ Signature: _____
Please Print

Phone: _____ Date: _____

Emergency Contact Information (Required for all participants)

Name:_____ Relation to Participant: _____

Phone Number: _____

DISCLOSURE OF MEDICAL INFORMATION

Please list any past or current medical conditions or <u>allergies</u> that program instructors should be aware of:

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Last Modified: July 2025