

# NORTHLAND COLLEGE

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

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to voluntarily participate in the 3 on 3 tournament at Northland College. **I understand that I am being asked to read each of the following paragraphs carefully.**

### Assumption of Risks:

I understand that participation in this volunteer activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the university has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Northland College or the State of Wisconsin. **I know, 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.**

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

**Signature of Parent or Guardian:**  
(if Participant is Under 18\*): \_\_\_\_\_ **Date:** \_\_\_\_\_

### Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Trustees of Northland College, Northland College, and their officers, employees, agents, and volunteers, 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 program. This release includes claims based on the negligence of the Northland College Board of Trustees, Northland College, and their 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:** \_\_\_\_\_

**Signature of Parent or Guardian:**  
(if Participant is Under 18\*): \_\_\_\_\_ **Date:** \_\_\_\_\_

### Consent for Emergency Treatment:

I authorize Northland College 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.

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

**Signature of Parent or Guardian:**  
(if Participant is Under 18\*): \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If your son, daughter or ward will be under 18 while participating in or through activities at Northland College, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.