

ACTIVITY REGISTRATION

Payment must accompany all registrations. Registrations will be accepted on a first come first paid basis.

(If Minor) Name of Responsible Adult: _____ **Relation:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **E-mail:** _____ **WOU V Number:** _____

Participant Name	M/F	Date of Birth	Medical/Behavioral Concerns	Activity #	Description/Level	Days	Time

Liability Waiver and Release

- I understand that any recreation program involves certain risks of illness or injury, due to the inherent nature of the activity. I assume responsibility for any and all risks involved for those named above. Western Oregon University and the Office of Student Affairs/ Campus Recreation are not legally or medically responsible for any injuries sustained during these programs. I am participating in this activity voluntarily. With my signature on this form I am stating that I and those named above do not have health problems or physical limitations that would go against my doctor's recommendation for participation. I have read and understand the conditions on this form prior to participating in the program offered and understand that failure to comply with this waiver or in any way bring discredit to the University or participants may terminate my participation.
- In the event of illness or injury to myself or to those named above, I hereby give my consent for medical treatment and permission to the attending physicians to hospitalize, secure proper treatment and order injection, anesthesia or surgery. I will be responsible for any medical or other charges in connection with his/her participation.
- The Oregon Tort Claim Act (30.260 to 30.300) permits Western Oregon University to accept responsibility only for the acts of its officers, employees and/or agents. Western Oregon University is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities. I indemnify, defend and hold harmless the state, Western Oregon University, its officers, agents and employees from all claims, suits or actions of any nature arising out of participation in the above described activity, other than negligent acts of Western Oregon University, its officers, employees and/or agents.
- I agree to: follow safety and other instructions provided by the university and program leaders and will share responsibility for my personal safety and not endanger others, operate and use equipment in a proper and safe manner, immediately report all defective equipment and unsafe acts/conditions.
- I hereby release all rights in perpetuity to the recording, transmission, and use of my voice, image, or likeness to Western Oregon University, its agents, and assigns. I represent that I am 18 years of age and have the right to consent to this agreement. **If I am under the age of 18 years, my parent or guardian has consented to the conditions stated in this release and his/her signature confirms that consent.** I hereby agree to release Western Oregon University, its agents and assigns from any and all liability and from any and all personal property rights which I might have in relation to Western Oregon University, its agents or assigns for the use of my voice, image, or likeness.

Adult Signature: _____ **Date:** _____ **Receipt #** _____ **ck or cash** **CR Staff Initials:** _____

