



**Michigan  
Technological  
University**

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**Sponsored Programs Release, Waiver of Liability and Assumption of Risk**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone Number 1 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone Number 1 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

Name of Insured Parent/Guardian \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company Claim Address \_\_\_\_\_

Contract/ID Number \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

*(Please provide a copy of the front and back of your insurance card.)*

**Medical History**

Name of Physician \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list any allergies and/or any other pertinent medical conditions: *(Diabetes, Seizure Disorders, etc.)* \_\_\_\_\_

Please list any medications currently taken: \_\_\_\_\_

**Consent, Waiver, Release and Assumption of Risk**

I, the undersigned participant, or parent or guardian of a minor participant in Michigan Technological University directly sponsored activities, including but not limited to, academic, athletic, social and recreational programs directly sponsored by it, understand that there are inherent risks that cannot be eliminated in these activities and that each participant must assume the risk of injury or disabilities that could result from any of the activities. I hereby acknowledge that I am aware of these risks and I agree that I will, or if signing as a parent or guardian I will advise the participant to, follow all safety instructions and ask questions if I or they do not understand. In consideration of the acceptance of myself or the minor as a participant in Michigan Technological University sponsored programs I **assume the risk of and full responsibility for** any bodily injuries, death, damages or expenses to

me or the minor for whom I am signing which may occur in the course of or as a result of my or their participation in this activity. **I do hereby fully and forever release and discharge, covenant not to sue and agree to indemnify and hold harmless** Michigan Technological University (MTU), its Board of Trustees, employees, and agents from and against any and all claims, demands, damages or rights of action due to bodily injury, death, or property damage, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation or the minor's participation in the Michigan Technological University directly sponsored programs or its activities. I hereby further consent to and authorize Michigan Technological University to obtain whatever medical treatment and/or care is deemed necessary by such staff for the health and well-being of myself or the participant during the term of program participation, including the consent to obtain and have administered any emergency medical or surgical treatment.

Michigan Tech reserves the right to use any pictures taken during the activity for advertising and/or instructional purposes.

I certify that I am, or the minor is, fully capable of and I have or the minor has no known impediments to participating in the Michigan Technological University sponsored programs other than those which I have disclosed in writing above. I affirm that the confidential medical information which I have provided above is accurate and complete. I understand that failure to accurately disclose this information could affect my own or the minor's safety and that of other program participants and I agree to hold Michigan Technological University harmless if full disclosure of a pre-existing medical condition has not been provided.

I have read the foregoing, explained its meaning to my child or ward if the participant is a minor, and hereby do approve and consent to the terms and conditions stated. I affirm that the information given on this application is complete and accurate. If the participant is a minor I consent to the participation in Michigan Technological University directly sponsored programs.

**Name of Participant** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Participant (if 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mailing Address:** Michigan Tech  
112 Memorial Union Building  
1400 Townsend Drive  
Houghton MI 49931-1295

**Email Address:** activities@mtu.edu

**Fax:** (906) 487- 0332

*Michigan Technological University is an Equal Opportunity Educational Institution/Equal Opportunity Employer, which includes providing equal opportunity for protected veterans and individuals with disability.*