TEAM/GROUP FORM

University of Wisconsin–Platteville
Annual Release to Participate Authorization

Team/Group: _____ Academic Year: _____

All Team/Group Members Must Read, Understand, and Sign All 4 Sections of this Form Annually to Participate.

Whereas I choose to participate in co-curricular activities at the University of Wisconsin–Platteville, I hereby agree I have read and understand:

Assumption of Risks:

I understand that physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. I am aware of the risks of participation, which 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 I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the team/group associated programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

NAME (Please Print)	Signature & Date	NAME (Please Print)	Signature & Date

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Platteville 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.

NAME (Please Print)	Signature & Date	NAME (Please Print)	Signature & Date

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Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in the above-mentioned activities, I, for myself, spouse, my heirs, personal representatives, estate or assigns**,** agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Platteville, and their officers, employees, agents, volunteers, and all others who are involved, 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 Board of Regents of the University of Wisconsin System, the University of Wisconsin-Platteville, 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**.

NAME (Please Print)	Signature & Date	NAME (Please Print)	Signature & Date

Health Insurance Coverage:

To participate in co-curricular activities for this team/group individuals are required to have health insurance coverage. By signing below I certify that I have individual health insurance and/or are covered under parent/guardian, spouse, or other person's policy. Furthermore, I declare that the health insurance coverage will remain current through the whole of the team/group season and/or academic year. If for any reason the health insurance coverage would end you will immediately cease participating in this team/group's activities until such time as you have health insurance coverage.

NAME (Please Print)	Signature & Date	NAME (Please Print)	Signature & Date

Return Complete Form to the PIONEER INVOLVEMENT CENTER, prior to the first team/group activity/event.

Questions can be directed to the Pioneer Involvement Center Staff.

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