

## Activity/Program Release Form

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### **Please read and sign below:**

I affirm that *Alternative Spring Break Days of Service (March 7-11)* can be considered a physical activity that could be hazardous. As a participant, I agree to conduct myself in a responsible manner, to act safely and to follow any rules, procedures or instructions available.

**Assumption of Risks:** I understand that Alternative Spring Break Days of Service by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I understand that Michigan Tech has advised me to seek the advice of my physician before participating in the above-listed activity. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by Michigan Tech, or the State of Michigan. I know, understand, and appreciate the risks that are inherent in the above listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Hold Harmless, Indemnity and Release:** I hereby release and agree to hold harmless and indemnify Michigan Technological University, its Board of Trustees, officers, organizers/coordinators, and employees from and against any and all claims and causes of action arising out of my participation in this program/activity or any personal and/or bodily injury, including death, incurred while participating in the program/activity.

**Consent for Emergency Treatment:** I authorize MICHIGAN TECH 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. IF I DO NOT AGREE, I UNDERSTAND I WILL NOT PARTICIPATE IN AN ALTERNATIVE SPRING BREAK DAY OF SERVICE.

I acknowledge that I have read this document and understand and accept its terms.