

Activity Waiver

(Please send signed waiver in advance of the activity date to CMAE 164 Oregon Hall)

Department: Center for Multicultural Academic Excellence **Term:** Fall 2017

Department Contact: Jennifer Burton @ jenb@uoregon.edu **Phone:** 541-346-9167

Activity Name: New Student Fall Retreat @ Camp Harlow - Eugene, Oregon

Activity Date(s): Friday, September 29th – Sunday, October 1st, 2017

Participant First & Last Name: _____

UO I.D. Number: _____

UO E-mail: _____

Phone Number: _____

Participant Street Address: _____

City, State & Zip: _____

I, the participant, understand and agree:

1. To follow safety and other instructions provided by the staff in charge.
2. To share in the responsibility for my own safety and not endanger others who are participating in the activities.
3. To immediately report all unsafe acts and dangerous conditions to the staff in charge.
4. To immediately report all injuries to the staff in charge.
5. To refrain from use of alcohol or drugs while on the trip.
6. That participation in this trip is voluntary.
7. That I have the physical capacity reasonably necessary to engage in any activities.
8. That in case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary.
9. To be the party responsible for all medical expenses that are incurred on my behalf.
10. That the Oregon Tort Claims Act (ORS 30.260 to 30.300) permits the University of Oregon to accept responsibility only for the acts of its officers, employees, and/or agents. The University of Oregon is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities.
11. That participant shall indemnify, defend and hold harmless the State, University of Oregon, its officers, agents and employees from all claims, suits, or actions of any nature arising out of my participation in the **ACTIVITY** other than negligent acts of University of Oregon, its officers, employees, and/or agents.
12. That I am participating in the **ACTIVITY** at my own risk and that by signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

Participant's Signature: _____ **Date:** _____