

UW-Madison Extension Bayfield County Superior Adventures, Summer 2025

Agreement for Assumption of Risk and Consent for Emergency Treatment - Minors

I, _____ (print name of Parent/Guardian), desire to allow _____ (print name of minor child) my minor child/ward to participate voluntarily in the programs conducted by the University of Wisconsin-Madison Division of Extension.

Parent Guardian Signature: _____ Date: _____

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE WISCONSIN 4-H PROGRAM LEADER AT TELEPHONE NUMBER 608-262-2391.

ASSUMPTION OF RISKS:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve food-borne illness or allergens, strenuous exertions of strength using various muscle groups, and exposure to infectious disease. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and cuts, to 2) major injuries and illness such as severe cuts, injuries, allergic reactions, or severe illness, to 3) catastrophic injuries including anaphylaxis, paralysis, and death. I understand that the University of Wisconsin – Madison Division of Extension has advised me to seek the advice of my child/ward's physician before participating in the program. I understand that I have been advised to have health and accident insurance in effect for my child/ward 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 ABOVE-LISTED PROGRAMS AND ACTIVITIES, I HEREBY ASSERT THAT MY CHILD/WARD'S PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR EXPENSE OF REPAIR OR REPLACEMENT OF UNIVERSITY OF WISCONSIN PROPERTY THAT IS ATTRIBUTABLE TO MY CHILD'S OR WARD'S NEGLIGENT ACTS OR WILLFUL MISCONDUCT.**

Parent Guardian Signature: _____ Date: _____

HOLD HARMLESS, INDEMNITY AND RELEASE:

In consideration of permission for my child/ward to voluntarily participation in these activities, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to hold harmless and release the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers, 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 child/ward's participation in the above-listed program, except where such loss arises from the Board's or its officers', employees', agents', or volunteers' gross negligence of willful misconduct. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. Furthermore, I, and on behalf of my spouse, heirs, personal representatives, estate or assigns, agree to defend and indemnify the Board of Regents of the University of Wisconsin System and its officers, employees, agents and volunteers from and against any and all claims, demands, actions, or causes of action of any sort arising from damage to personal property, or personal injury, or death where such loss arises from my or my child's/ward's negligent acts or willful misconduct while participating in the above-listed program.

Parent Guardian Signature: _____ Date: _____

CONSENT FOR EMERGENCY TREATMENT:

I authorize the University of Wisconsin – Madison Division of Extension 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 to my child/ward. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT REQUIRED PURSUANT TO THIS AUTHORIZATION.**

Parent Guardian Signature: _____ Date: _____

Final April 24, 2023 (reviewed by UW Madison Risk Management, Office of Legal Affairs, Extension Policy Advisor)