



HR/150

## Waiver of Liability and Authorization for Emergency Medical Treatment

- I voluntarily agree to participate in retreat activities at University of the West. These include those activities articulated by the teachers in advertisements and information about the retreat. I also acknowledge that any physical activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I hereby assume all risks of injury to me and my property, which may be sustained in connection with activities undertaken while at University of the West. Furthermore, I hereby release, waive, discharge, and covenant not to sue University of the West, its officers, agents, servants, or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
- I confirm that I have no medical conditions or needs other than those listed on the Medical Information form.
- I understand that University of the West is unable and unqualified to provide professional medical and/or psychological care. I agree that, in the event a representative of University of the West determines that I need professional medical or psychological attention, University of the West has sole discretion to contact 911 emergency services, as well as my designated emergency contact person.
- I understand that University of the West *will not* stock medications of any kind. I further understand that discontinuing prescription medication during the retreat, or failing to bring prescription medications, is grounds for being asked to leave.
- Any costs incurred for health services are my responsibility and not the responsibility of University of the West.
- I understand that providing University of the West with the name and contact details of an emergency contact person is required for participation in this retreat. University of the West will make every effort to communicate with this person in the event of an emergency. This person is someone who can either transport me from University of the West or assist in making transportation arrangements if I need to leave the retreat early.
- I further understand that my participation in this retreat is at the discretion of University of the West at all times. If, in the opinion of University of the West, I am unable to continue to participate productively in the retreat, I may be asked to leave.



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I have read this agreement and fully understand its contents. I sign it of my own free will. I am of legal age and accept the above disclaimer and authorization.

Name *(please print legibly)* .....

Signature ..... Date .....

**Emergency Contact**

In case of emergency, or if I need to leave the retreat early, the following person should be contacted:

Name: *(please print legibly)*.....

Daytime Phone: (.....).....

Evening Phone: (.....).....

E-mail: .....

- This person is someone who can either transport me from University of the West or assist in making transportation arrangements if I need to leave the retreat early.
- We cannot allow you to participate in the retreat unless we have your emergency contact person's name and contact details.

Retreat Participant Name *(please print legibly)*

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Signature: ..... Date:

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**Medical Information**

We ask for this information so that, in the event of an emergency, we can give this form to Emergency Medical Services personnel on your behalf. Otherwise, it will be kept entirely confidential.



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1. Please list any medical conditions that you have that might effect your participation in this retreat:
  
2. Please list any prescription medications you are taking, as well as the conditions that they treat:

I attest that the above statements are true to the best of my knowledge and do hereby affix my signature below:

Participant Name *(please print legibly)*

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Signature: ..... Date:

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