

WYOMING



NASA Space Grant Consortium

Warning, Agreement to Obey Instruction, Release Assumption of Risk and Agreement to Hold Harmless Wyoming NASA Space Grant: Women in STEM at the University of Wyoming

I am aware that my child's participation in the University of Wyoming's Women in STEM provides many benefits and I am also aware that some of the activities can be dangerous activities involving MANY RISKS OF INJURY. I understand that the dangers and risks of participating in any one of the activities include, but are not limited to, death; serious neck and spinal injuries; broken leg, arm, back, rib; respiratory distress; lung damage; heart and related damage; hearing and sight damage and/or loss; muscle sprains and strains; which may result in complete or partial paralysis, brain damage, serious injury or impairment to other aspects of my child's body, general health and well-being. I understand that the dangers and risks of participating may result not only in serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. Because of the dangers and risks of participating in the types of activities included in the program, I recognize the importance of following policies, procedures, rules and regulations and, instructions as provided, and I will instruct my child to follow all that is provided.

I hereby grant permission for the University to give or authorize emergency medical treatment of my child, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

In consideration of my child being permitted to participate in the University of Wyoming's Women in STEM, I hereby assume all risks associated with my child's participation and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, volunteers, and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation in the activities of Women in STEM. The terms hereof shall serve as a release and assumption of risk by myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I, being an adult, have read the above statement and fully understand the contents, consequences and implications of signing this document.

I/we am aware of the activities associated with the Women in STEM program. I/we understand all of the information provided.

Parent/Guardian Name: _____

▲ Parent/Guardian

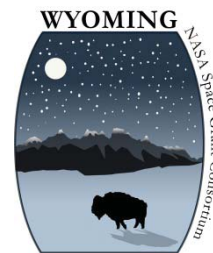
Signature: _____ Date: _____

▲ Student

Signature: _____ Date: _____

UNIVERSITY OF WYOMING

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MODEL RELEASE

I, _____ (_____), do hereby
Print full name *Age **

authorize the University of Wyoming, Wyoming NASA Space Grant Consortium (WSGC), organizations presenting at Women in STEM, its agents, successors, and assigns, to use and reproduce photograph(s) in which I appear in official UW, WSGC, and organization publications, and I waive any right that I may have to inspect and approve said photograph (or any copy that may be used in connection therewith) or to receive compensation for the use of said photograph.

Sign full name

Parent or Guardian

Street or box number

* If under the age of 18, signature of a parent or legal guardian is required to participate.

City, state, zip code

Phone

Date

Sovereign Immunity. The University of Wyoming does not waive its sovereign immunity or its governmental immunity and fully retains all immunities and defenses provided by law.

Status: freshman ____; sophomore ____; junior ____; senior ____; graduate ____; law ____;
doctoral ____; faculty ____; staff ____; administration ____; student family ____;
other _____.

Area(s) of Study: _____.

Home Town: _____.

E-mail address: _____.