



Activity Waiver and Medical Emergency Permission Form

Department Enrollment Mgmt. Date: August 6, 2016

Department Contact: Susi Thelen Phone 541-346-5046

Activity Name: Woodburn Fiesta Mexicana Parade

Activity Description: Woodburn Fiesta Mexicana Parade march with the UO

Activity Date(s): August 6, 2016

Participant Name: _____

Participant Street Address _____

I, the participant, understand and agree:

1. To follow safety and other instruction's 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 activity 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.

Medical Emergency Permission

If an injury or other medical condition occurs or arises, I hereby give permission to the event coordinators to provide routine first aid and to seek emergency treatment including X-rays or routine tests. In an emergency situation, I give permission for a UO representative to contact the individual(s) that I have listed under Medical Emergency Contact Information. I understand that I am financially responsible for charges to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital to secure treatment for me, including hospitalization.

DATE	PARTICIPANT NAME (please print)	PARTICIPANT SIGNATURE
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If Participant is under 18 years of age, a parent/guardian must also sign this Agreement:

DATE	PARENT/GUARDIAN NAME (please print)	PARENT/GUARDIAN SIGNATURE
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