

Utah State Hospital

Informed consent, waiver and release agreement for the Utah State Hospital Challenge Course

The undersigned, being at least eighteen years of age and in consideration for acceptance and participation in the “Utah State Hospital Challenge Course” sponsored by the Utah State Hospital, do hereby agree to this waiver and release.

I recognize that participating in the “Utah State Hospital Challenge Course” will involve moderate to strenuous physical activity and physical labor, and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases and other risks which in combination with my actions can cause injury to me. I recognize that I will be asked to participate in a variety of activities including, but not limited to, climbing ladders or ropes, climbing other structures, rappelling down a tower and performing other similar activities.

I recognize that the activities associated with this course will involve often strenuous physical activity and may cause physical/emotional discomfort. I state that I am free from any known heart, breathing or other serious health problems that could prevent me from participating in any activity associated with the course. I further state that I am sufficiently physically fit to participate in the activities of this course.

I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for any illness or injury. I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive. I agree to release the State of Utah, the Department of Human Services, the Utah State Hospital, their agencies, departments, officers, agents and any or all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from the cost of any medical care that I receive while participating in this activity. In addition, I agree to assume all risks associated with or arising from these activities.

I agree to release the State of Utah, the Department of Human Services, the Utah State Hospital, their agencies, departments, officers, agents and any or all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability claims, demands, actions, and causes of actions whatsoever for any loss, claim damage, injury, illness, attorney’s fees or harm of any kind or nature to me arising from my participation in the aforementioned activities not covered by workers compensation including transportation.

I agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns arising from or in any way connected with the aforementioned activities.

Consent

Consent is expressly given, in the event of injury, for any emergency medical aid. Anesthesia and/or operation, in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ANY PATRICIPATION IN THE "UTAH STATE HOSPITAL CHALLENGE COURSE"
SPONSORED BY THE UTAH STATE HOSPITAL ON _____
(Date)

Name: _____ Date: _____

Signature: _____

Parent/Guardian: _____ Date: _____

Signature: _____ Date: _____

Agency Representative/Witness: _____

Signature: _____ Date: _____