University of Idaho

College / Dept	**College:**	Agricultural and Life Sciences Extension	**Department:**	Extension	
Activity Name	Intermountain Live in the Woods Showcase	**Date:**	April 17, 2025 and April 18, 2025	**Location:**	St.Maries, Idaho and surrounding area
Participant's Name	(First)	(Last)	(Age)	[ ] Male	[ ] Female
Address	(Home Address)			(City, State, Zip)	
Phones	(Cell)			(Home)	
Emergency contact(s)	**Primary Contact Name:**			(Relationship)	
	WORK PHONE:	**HOME PHONE:**		**CELL:**	
	Secondary Contact Name:			(Relationship)	
	WORK PHONE:	**HOME PHONE:**		**CELL:**	

PLEASE NOTE: Hospitals and clinics require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. **The participant is responsible for all medical expenses.**

Acknowledgment of Risk and Waiver of Liability

Read this carefully and in its entirety. It is a binding legal document. **Sign and return** this form to Physical Address: E. J. Iddings Agricultural Science Laboratory, Room 52 606 S Rayburn St. Moscow, ID Mailing Address: University of Idaho Extension 875 Perimeter Drive MS 2338 Moscow, ID 83844-2338. **If you are under the age of 18**, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned participant or parent/guardian, am aware that participation in the Intermountain Live in the Woods Showcase ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") **acknowledge and accept the risks and give permissio**n for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which bodily injury or illness to myself, or my child, up to and including death**, may occur: being in unfamiliar physical and social environments; physical activities related to attending logging presentations and demonstrations including, but not limited to falling, twisting, walking and hiking that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in cuts, punctures, broken bones, strain, sprains, joint injuries, heart malfunctions, concussions, and head injuries; social activities including but not limited to attending event functions, meals, and meeting new people; touring areas with uneven and unpredictable surfaces with limited lighting; risk of severe injury or death in the course of observing active logging operations; use or operation by others, with varying skill levels, of equipment, including but not limited to heavy equipment, logging trucks, chokers, saws, manual and power driven, and other devices for cutting and sawing; physical activities related to hands on logging industry demonstrations, and hiking including, but not limited to carrying heavy objects, aerobic movements, falling, lifting, bending, jumping, pulling, twisting and/or practice of activities that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in cuts, punctures, broken bones, strain, sprains, joint injuries, heart malfunctions, concussions, and head injuries; activities supplemental to the Program, such as walking and hiking to and from sites of interest or performance locations; collision with objects and people in the environment; use of equipment in the condition in which it is found; risks related to transit to or from the Activity locations including, but not limited to, travel by rented bus, including travel in unpredictable or extreme weather conditions that affect the method of travel safety; use or operation, by me or others of equipment in the condition in which they are found; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice, fog, and extremes of heat or cold that could cause injury or illness including but not limited to heat exhaustion or stroke, sunburn, frost bite, hypothermia, and dehydration; contact with animals, plants, insects and biological or environmental hazards; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; exposure to infectious disease and/or illnesses; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity. I understand I am responsible for all medical expenses and/ or property losses.**

It is my express intent that this Acknowledgment of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may

travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. As a participant or parent or legal guardian of a minor participant, I hereby consent to the provision of health care services, including first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity whether by a licensed or certified health care professional or other individual employed by the University or supporting any university programing.

If this is a University of Idaho sponsored and conducted Activity, and if I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact the **Center for Disability Access and Resources (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity**. If this is not a University of Idaho Activity, even if the Activity is being held at University of Idaho facilities, I will contact the organization that is conducting the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at https://www.uidaho.edu/governance/policy/policies/fsh/2/2300; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me in connection with the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. **If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES, CHECK HERE ( )**.

I **( )** do **( )** do not **(please check one)** authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE	**PARENT / GUARDIAN SIGNATURE**
Participant's Name (PLEASE PRINT):	Parent/ Guardian Name (PLEASE PRINT):
Participant's Signature (PLEASE USE BLUE INK):	Parent/ Guardian Signature (PLEASE USE BLUE INK):
X	X
Date:	Date: