## Agreement for Assumption of Risk

I,	(print name), age	, desire to participate
voluntarily in	at the University of Wisconsin – Madison	
on		
I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY. I UNDERSTAND THAT IF I WIS THIS AGREEMENT, I MAY CONTACT UW ATI BY EMAIL AT CONTACTUS@UWBADGERS.CO	SH TO DISCUSS ANY OF THE	TERMS CONTAINED IN
Assumption of Risks:		
I understand that physical activity and participation by its very nature, carries with it certain inherent avoid injuries and illnesses. Some of these involves ome involve quick movement involving speed are activity which places stress on the cardiovascular vary from one activity to another, but in each act scratches, bruises, and sprains, to 2) major injuri back injuries, heart attacks, concussions, and severallysis and death. I understand that the Univer of my physician before participating in this activity accident insurance in effect and that no such coven Wisconsin. I KNOW, UNDERSTAND, AND APPABOVE-LISTED PROGRAMS AND ACTIVITIE VOLUNTARY AND THAT I KNOWINGLY ASSI	risks that cannot be eliminated re strenuous exertions of strength and change of direction, and other system, and exposure to infection in the system, and exposure to infection in the system, and exposure to infection in the system illnesses such as fractures over illness, to 3) catastrophic injurisity of Wisconsin-Madison has actly. I understand that I have been been age is provided for me by the left in the system. I HEREBY ASSERT THAT MESS. I HEREBY ASSERT THAT MESS.	a using various muscle groups, is involve sustained physical bus disease. The specific risks nor injuries and illness such as internal injuries, joint or uries and illnesses including dvised me to seek the advice advised to have health and University or the State of RE INHERENT IN THE
Signature:	Date:	
Consent for Emergency Treatment:  I authorize the University of Wisconsin-Madison at to any emergency medical/hospital care or treatment physician. I AGREE TO BE RESPONSIBLE FO HOSPITALIZATION OR TREATMENT RENDE	ment to be rendered upon the ad R ALL NECESSARY CHARGES	vice of any licensed INCURRED BY ANY
Signature:	Date:	
Name and Signature of Parent or Guard	lian (if Particinant is under	· 18)
		<del></del>
Name (please print)		<del></del>