

Acknowledgment of Risk and Release for Participation in the Montana Youth Preparedness Initiative (MyPI Montana)

This is an acknowledgment of risk; please read and understand before signing!

I/my child, _____, (Student's Name) intend to participate in the Montana Youth Preparedness Initiative (MyPI Montana) in partnership with Montana State University, Montana State University Extension, and MyPI National during the Summer, Fall, Winter, and/or Spring of 2018 and/or 2019.

I/my child is voluntarily seeking to take part in the Activity, and I understand that there may be some risks involved, either anticipated or unanticipated, that could result in injury, illness, or damage to participants, personal property, or third parties. I/my child understand potential dangers during this Activity include, but are not limited to:

- Accidents during transportation
- Voluntary physical interaction between adult instructors and participants, including demonstrating rescue techniques
- Effects of temperature extremes
- Accidents due to negligence by participants
- Risk of theft of property and other crimes by third parties

As a condition of my/my child's participation in this Activity, I/my child acknowledge and assume full responsibility for any risk of loss or damage to property or any personal injury, even death, which may be sustained by me while participating voluntarily in this Activity, or while I/my child is on the premises where the Activity is conducted, or while traveling to and from this Activity. I/my child am aware of the risks inherent in this Activity, all my questions about this Waiver or this Activity have been answered to my satisfaction, and I/my child choose to participate voluntarily. If signing as a parent/guardian, I choose to allow my child/ward to participate voluntarily.

I/my child understand that I should not participate in this Activity unless willing to accept the risks of my participation. I/my child further represent that I have no physical or mental condition, which, to my knowledge, would endanger me or others, if I/my child participate in the Activity.

I/my child agree that as a participant in this Activity I/my child am responsible for my own behavior and well-being, and I/my child agree to abide by all applicable rules, regulations, and laws pertaining to my participation.

Should I/my child require emergency medical treatment as a result of accident or illness arising during the activity, I consent to such treatment. I/my child acknowledge that the University does not provide health and accident insurance for participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I/my child will notify the activity director if I/my child have medical conditions about which emergency medical personnel should be informed.

IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing agreement, that I understand it, that I sign it voluntarily, and that no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made.

Signature of Participant and Date

Signature of Parent/Guardian (if under 18)

Printed name of Participant

Printed name of Parent/Guardian