





Initials \_\_\_\_\_

5. Emergency Medical Treatment I/We understand and agree that Releasees do not have medical personnel available at the location of the activity. I/We understand and agree that Releasees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment.

6. Insurance I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment.

(1)

**THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.**

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will release Lake Superior State University and its Releasees from any liability in connection with any injury or damages or losses suffered as a result of the Participant's participation in the above referenced activity. It is my expressed intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives, or assigns.

I acknowledge that I have been made aware that participation in the activity has potential risks to the participant, and I hereby approve of the Participant's participation in the activity.

If participant is under age 18, complete the following:

I further state that I am the Participant's \_\_\_\_parent/ \_\_\_\_guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives or assigns to be bound by same.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If over age 18)



# Superior Simulation Center



Parent/Guardian Name (please print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_