UTAH VALLEY UNIVERSITY RISKS AND HAZARDS STATEMENT OF UNDERSTANDING AND RELEASE

The undersigned hereby acknowledges and	d agrees to the following statements:
I, camp on and Release.	(Participant), expect and intend to participate in a basketball(Date), following the execution of this Statement of Understanding
participant hereby states that he/she has re- included here and releases and discharges employees and volunteers from any and al but not limited to, any loss, damage or inju- safety regulations or resulting from the exe	orship and direction of the activity, and his/her participation, ad and fully understands the Risks and Hazards Statement which is the State of Utah, The University and their officers, agents and I claims, damages, losses or injuries connected therewith, including, ary suffered by participant or others, as a result of failure to obey ercise of the activity coordinator or other individuals acting in good ies on this activity whether at the University or any other location.
	that during the activity, he/she will be under the direction of the alley University and specifically agrees to comply with all reasonable or or director during the course thereof.
	that there are specific risks of injury to person and /or property that has sprains, broken limbs, paralysis and even death. Participant with such conditions.
hours of the sponsored activity. It is under responsible individuals as well as adhere to section may result in physical harm or pro-	that there may be unsupervised times before, during, or after the rstood that during this time participants will conduct themselves as all applicable law and statutes in effect. Failure to comply with this perty loss due to hazards beyond the University's control. Failure to the activity. The University will not be responsible for any such acts in the activity.
coverage (e.g., hospital/medical insurance	s/she should arrange for appropriate personal heath insurance, student health insurance, etc.) During the period of the activity the she will be personally responsible for any medical costs incurred
	hol while undertaking this activity with Utah Valley University and iversity Student Rights and Responsibilities Code.
Participant's Signature:	Dated:
Parent or Guardian Signature:	Dated:
Insurance Policy #:	

T-Shirt Size: Adult / Child S M L XL