

**CONSENT, ASSUMPTION OF RISK, WAIVER, AND INDEMNITY AGREEMENT
FOR ADULTS ONLY**

EWU Doctor of Physical Therapy Students | Wild Moose Chase Trail Run 2018 | 10/06/2018

For and in consideration for the opportunity to participate in this program/event, Participant voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in the Wild Moose Chase Trail Run 2018 program/event.
2. I acknowledge that my participation is voluntary. I also agree that for the purpose of this agreement, "program/event" includes participation in the Wild Moose Chase Trail Run 2018, travel to and from the Wild Moose Chase Trail Run 2018, and any other activities related to this program/event, organized by the EWU Doctor of Physical Therapy Students to be held on 10/06/2018 at the Mt Spokane trail system.
3. I understand and acknowledge that this program/event includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, tripping, muscle or skeletal injuries, collisions, allergic reactions, wind, rain, lightning, sleet, flash floods, sever heat and/or cold exposure, insects, snakes, falling and rolling debris, altitude sickness, heatstroke, frostbite. I voluntarily choose to participate in this program/event with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I further understand and acknowledge that my travel to and from this program/event includes some inherent and dangerous risks. Further, when transportation is furnished by me for the purpose of participating in the program/event, it is expressly understood that I am solely responsible for any personal injury to myself, to passengers in my privately-owned vehicle, or to other persons, or damage to my personal property or the property of passengers or other person's incident to such transportation in traveling to and from any location as is necessary to participate in the program/event.
5. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, or any property belonging to me, while participating in such activity or any activities related to this program/event, including transportation to and from the location of this program/event. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this program/event on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my participation in this program/event.
6. I certify that I am in good health and have no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in this program/event. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm fitness for participation in this program/event;
 - b. If I have a prescription for medications or am taking over the counter medications, I should confirm with my medical provider whether the medications will impact my participation in the program/event; and
 - c. I should not participate in the program/event while under the influence of any medication that may impact my ability to safely participate.
7. Neither EWU, nor their employees/agents serve as guardians or insurers of my safety. EWU does not provide any special insurance for my protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to myself or my property, including but not limited to, emergency transport, emergency medical services, medical treatment, and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage if accident or injury occur.
8. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my ability to fully participate in this program/event. In the event that any medical attention is needed and I am unable to provide consent on my own behalf, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval of a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being, all at my expense.
9. I grant full permission for EWU to use any photographs, recordings, or any other record of this program/event for any purpose.

By my signature below, I certify that I am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in the Wild Moose Chase Trail Run 2018.

Signature	Date
Printed Name	Date of Birth
Emergency Contact Name	Emergency Contact Phone Number