

**Agreement for Assumption of Risk, Indemnification, Release,
and Consent for Emergency Treatment**

Program: RECREATIONAL AND OTHER PERSONAL PURSUITS

IN CONSIDERATION OF MY USE OF THE STOCK PAVILION FOR RECREATIONAL OR OTHER PERSONAL PURSUITS, I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ EACH OF THE FOLLOWING PARAGRAPHS. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE UW-MADISON OFFICE OF RISK MANAGEMENT AT EITHER 262-8925 OR 262-0379.

Assumption of Risks:

I acknowledge that I have received and read the flyer entitled *Special Health Information for Animal-Use Facility Visitors*. I agree to abide by the precautions against having or consuming food or drink in the facility, and thoroughly washing my hands upon my departure. I am aware that the University does not provide medical coverage for my injuries and I agree to be responsible for any medical costs that I (or my child) might incur as a result of these activities. I understand that activities in this facility may expose me (or my child) to the risk of animal contamination which could be harmful to my health, and I choose to accept that risk.

Signature: _____ Date: _____

Signature of Parent or Guardian (if Participant is under 18*)

Signature: _____ Date: _____

Release of Liability for Health Risks from Entering Animal Facilities

In consideration of my voluntary use of the Stock Pavilion for recreational or other personal pursuits, *I and my heirs, hereby release and discharge, the Board of Regents of the University of Wisconsin System, its officers, employees and agents, from any liability for damage to, or loss of, personal property, sickness, and injury from whatever source, that I may suffer as a result of using this facility.*

Signature: _____ Date: _____

Signature of Parent or Guardian (if Participant is under 18*)

Signature: _____ Date: _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Madison and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.**

Signature: _____ Date: _____

Signature of Parent or Guardian (if Participant is under 18*)

Signature: _____ Date: _____