

Informed Consent & Permission to Participate
Utah State University Wild Horse Behavior Summer Experience
June 2010

NOTE: Before signing carefully read the statements. Do not sign unless you fully understand the statements and the risks associated with this program or activity.

1. I, _____, (print participant's name) understand and certify that the Utah State University Wild Horse Behavior Experience that I expect and intend to participate in, is completely voluntary and bares certain known and unanticipated risks and dangers. These risks and dangers include, but are not limited to, falls, illness or disease, physical or mental injury, exposure to wild animals or death of myself or other persons. I understand injuries that may result from my participation in scheduled or unscheduled activities related to this program include, but are not limited to: cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.
2. I further agree to release Utah State University, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.
3. I certify I am physically and mentally capable of participating in this program. I agree to notify the program staff if I have any medical condition that may restrict my participation in any of the activities during the program.
4. My signature below indicates that I have read this entire document, understand it completely, understand that it affects my legal rights, and agree to be bound by its terms.

Signature of Participant _____ Date _____ Email: _____
 (Sign in Ink)

MEDICAL TREATMENT CONSENT

In the event of injury consent is expressly given for any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician such treatment is necessary.

Health/Medical Insurance Company _____ Policy # _____

Emergency Contact _____

Day Phone # _____ Evening Phone # _____

Email: _____

Allergies: _____

Food dislikes: _____

This form must be enclosed with the final payment in order for you to participate. No exceptions.