



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

I, _____ (name of participant), age _____, desire to participate voluntarily in **FAMILY WEEKEND** and hosted by Carroll University's **Campus Activities Board (CAB)** location or sponsoring campus organization). I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONSULT AN ATTORNEY.

Assumption of Risks: I understand that group exercise, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I understand that the Instructor has advised me to seek the advice of my physician before participating in the above-listed activity. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University, its employees, volunteers, agents and trustees (collectively, the "Releasees"). **I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature (Parent/Guardian if Participant is under 18): _____

Hold Harmless, Indemnity and Release: In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Releasees and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasees, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature (Parent/Guardian if Participant is under 18): _____

Consent for Emergency Treatment: I authorize the Instructor, Facility and any 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 (Parent/Guardian if Participant is under 18): _____

Photographic Consent and Release: I additionally authorize Carroll University and those acting pursuant to its authority to record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium; use my name in connection with these recordings; use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate including promotional or advertising efforts.

Signature (Parent/Guardian if Participant is under 18): _____

Date: _____



***Note: Overnight Guest/Guest/Visitation Policy**

For questions regarding the Overnight Guest/Guest/Visitation Policy please contact the Department of Public Safety at 262.524.7300.

Overnight Guest/Guest/Visitation Policies

Overnight Guests/Guest and Visitors, including Carroll University students not assigned to a specific living unit, are permitted in residential facilities as long as they adhere to Carroll University policies and all roommates agree to hosting Overnight Guest/Guest/Visitors. The host resident is responsible for informing their Overnight Guest/Guests/Visitor of Carroll University policies and procedures. Consideration for the rights of roommates and other residents must be respected. No Overnight Guest/Guest/Visitor privilege overrides any resident's right to sleep, study or otherwise utilize their living unit.

1. Visitation Hours
 - a. Visitation hours are from 8:00 a.m. to 2:00 a.m. daily.
 - b. Any Visitor who plans to remain in residential facilities outside of these hours must register as an overnight guest.
2. Overnight Guest/Visitor Responsibilities
 - a. Overnight Guests may not stay longer than two consecutive nights during any consecutive seven-day time period.
 - b. Overnight Guests must be registered with Carroll University. Instructions to register overnight guests can be found on the Residence Life and Housing Portal Page.
 - c. All Overnight Guests must be hosted by a Carroll University resident with no more than two Overnight Guests per host per night.
 - d. Overnight Guests/Guests/Visitors who are in violation of Carroll University policies or procedures may be asked to leave and/or be restricted from Carroll University premises.
 - e. Overnight Guests/Guests/Visitors are not allowed to stay overnight during semester final exam weeks, housing break periods or other University designated times.
 - f. Overnight Guests/Guests/Visitors, including Carroll students not assigned to the living unit, may be in the residential facility only when escorted by a resident of the living unit.
 - g. Unescorted Overnight Guests/Guests/Visitors may be subject to providing identification, being detained until identification can be confirmed, and/or removal from University premises.
3. Host Responsibilities
 - a. The host is responsible, at all times, for their Overnight Guest/Guest/Visitors' observance of the University Student Code of Conduct and the Residence Life and Housing Guidelines.
 - b. University disciplinary action will be taken against the host in the event that the Overnight Guest/Guest/Visitor is in violation of a policy.
4. Minors as Overnight Guests
 - a. No person under the age of 12 is permitted to be an overnight guest.
 - b. A sibling of a resident who is currently living in a residential facility may be permitted to remain in the residential facilities overnight provided that the sibling is at least 12 years of age. The only exception is Family Weekend.
 - c. The *Permission Form for Minors in the Residential Facilities* must be completed and signed by the minor's parent or legal guardian and submitted to the Department of Public Safety at least five (5) business days prior to the date of the stay. Please submit paperwork via fax (262-574-2632), scan and e-mail (safety@carrollu.edu), or through the mail (100 N. East Avenue, Waukesha, WI 53186). Failure to do so, will result in the minor being removed from campus and the student host may face disciplinary action. The *Permission Form for Minors in the Residential Facilities* can be found on the Department of Public Safety's website.