



ASSUMPTION OF RISK AND WAIVER OF LIABILITY – OLLI AT SOU
PHYSICALLY ACTIVE CLASS, FIELD TRIP, and/or CO-CURRICULAR PROGRAM

By participating in this physically active class, offsite field trip, or other OLLI at SOU program, you accept liability for any injury that results from participation in this activity. **Please consult your doctor before beginning any new program of physical activity.**

Waiver of State Responsibility for Participation in: _____
course or activity name

Participant Name: _____

Name of Emergency Contact: _____

Relationship to Member: _____ Phone Number _____

I, the participant, understand and agree:

1. To pay any fee associated with the class, field trip, or activity I plan to participate in.
2. To follow safety instructions and other directions by provided by the instructor, coordinator, or staff person in charge.
3. To share in the responsibility of my own safety and not endanger others who also participate in the activity/activities.
4. To immediately report all unsafe acts and dangerous conditions to the person in charge.
5. To immediately report any injuries to the person in charge.
6. That participation in this class, field trip, or activity is voluntary.
7. That I have the physical capacity reasonably necessary to engage in stated activities.
8. That in case of emergency, accident, or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary.
9. To be the party responsible for medical expenses incurred on my behalf.
10. That the Oregon Tort Claims Act (ORS 30.260 to 30.300) permits Southern Oregon University to accept responsibility only for the acts of its officers, employees, and/or agents. Southern Oregon University is prohibited from accepting any liability for the acts, omissions, and conduct of persons participating in activities.
11. That participant shall indemnify, defend, and hold harmless the State, Southern Oregon University, its officers, agents, and employees from all claims, suits, or actions of any nature arising out of my participation in the class or field trip other than negligent acts of Southern Oregon University, its officers, employees, and/or agents.
12. That I am participating in the activity at my own risk and that by signing below, I acknowledge this assumption of risk and agree to the conditions listed above.

Participant’s Signature (a typed signature is acceptable):

Date:
