

# Midnight Breakfast Liability waiver and photo release form

## Participant Information

Please provide the following information about yourself.

### Contact Information

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.
- name@myschool.edu

First name:

Middle initial:

Last name:

Email address:

Phone number:

Address:

City:

State:

ZIP:

### Radio Buttons (single item selection)

Are you a Portland State student, Portland State staff member, or a community member over 18?

Valid input:

- Select only one choice.

☐ PSU student

☐ PSU faculty/staff

☐ Community member over 18

## Libability waiver

Please complete this liability waiver to be able to participate in activities at winter term's Midnight Breakfast. March 9th, 2011 from 9:00pm to Midnight.

### [Required] Terms and Conditions Checkbox

I voluntarily agree to participate in PSU Student Activities and Leadership Programs activities in association with the student organization listed above.

Which may include practices, competition, special events, meetings, and travel between the date of this signed document and June 30, 2011

In consideration for being permitted to participate in the Activity, I hereby agree and warrant that::

Statement and Assumption of Risk

Participation in the Activity can be hazardous to my health. I understand that I have an increased chance of suffering personal injury, including but not limited to bodily harm, permanent disability, dismemberment, and/or death by participating in the Activity. Injuries that I might incur include, but are not limited to the following: flesh wounds, muscular-skeletal injuries, cosmetic injuries, permanent disabilities and other injuries including death and or dismemberment. I understand that traveling to and from the Activity site may present additional risk of serious injury or death, and agree to comply with Activity requirements for the use of seatbelts by vehicle passengers during travel. I voluntarily undertake the Activity and agree to accept all risk associated with my participation in this Activity.

Release of Liability and Indemnification Statement I understand that there are unavoidable risks involved with participation in this Activity, and I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, PSU, and their officers, employees, agents, and representatives, from any and all liability and all claims and causes of action whatsoever for any damages to or loss of property, personal illness, or injury (including death) caused by, deriving from, or associated with my participation in the Activity.

Medical Treatment Consent I fully understand that the Activity may occur in a remote area and that medical services may not be available. In the event of illness or injury to me, and in the event that medical services can be obtained, and if I am unable to grant permission at the time emergency treatment is required, I hereby authorize PSU by and through its authorized representative(s) or agent(s), if any, to secure any necessary treatment including the administration of an anesthetic and surgery. I agree to be the party responsible for all medical expenses that are incurred on my behalf.

Statement of Health I certify that I have neither a condition nor circumstance, such as medication, that would prevent me from participating in this Activity. If I have a question concerning my specific situation, may ask an organizer to clarify the Activity, but ultimately the decision to participate is mine.

Statement of Insurance I am aware that the State of Oregon does not provide medical insurance coverage for participation in the Activity and therefore take full responsibility for procuring my personal insurance. If I do not have insurance, I accept full, sole and exclusive financial responsibility for the cost associated with any injury or illness.

Choice of Law; Venue Selection In event of a law suit, I agree that all causes of action will be filed in Multnomah County, Portland, OR and that this Agreement shall be construed in accordance with the laws of the State of Oregon.

Severability If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

Final Acknowledgment The forgoing is submitted in consideration of PSU and the department and/or program noted above allowing my participation in this Activity. I confirm that I am over 18 and I execute this document with full knowledge of the contents and consequences stated in this release.

Valid input:

- Select only one choice.

☐ I Agree

## Photo Release

Please complete this photo release to be able to participate in activities at winter term's Midnight Breakfast. March 9th, 2011 from 9:00pm to Midnight.