



# Identified Risks of Participation

## UBTech Courses and Programs

This is an Informed Consent and Waiver Release Form, which identifies risks of participating in a UBTech course or program.

**Injury or illness may result from your participation in technical courses at UBTech. You are expected to familiarize yourself with the course rules and what is required as well as UBTech policies. You are expected to follow proper operating procedures including safety procedures as outlined by the course instructor, plus any directions given by an authorized college employee.**

The undersigned, a student at UBTech, in consideration of participation in a UBTech course/program do hereby agree to this waiver and release.

I recognize that participation in UBTech activity may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks, such as exposure to infectious illnesses. I state that I am free from any known heart, respiratory or other health problems that could prevent me from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that I receive. I agree to release State of Utah, UBTech and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that I receive as a result of participation in this UBTech activity except the College will reimburse out of pocket medical expenses up to a maximum of \$1000 in accordance with the school Accident Reimbursement Policy.

I further agree to release the State of Utah, UBTech, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my participation this UBTech course/program. This release extends to any claim made by my family, estate, heirs, or assigns arising from or in any way connected with the aforementioned activities.

### CONSENT

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

**I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover my participation in the above stated UBTech activity.**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent or Legal Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_  
(Parent or legal guardian signature if participant is under 18 years old)