

**UNIVERSITY OF WYOMING**  
**RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD HARMLESS**

I am aware that participating as a Sidekick as part of the the UW SafeRide RSO Sidekick Incentive Program may be a dangerous activity involving A RISK OF INJURY ranging from minor injury to serious injuries such as paralysis or even death. I am aware that such an injury can limit my future life activities, including future earning capacity. Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions.

I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

In consideration of the University of Wyoming, providing me with the opportunity to participate, I hereby assume all the associated risks and agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I have read the above statement and fully understand the contents, consequences and implications of signing this document.

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PRINTED NAME

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SIGNATURE

DATE

**IF THE INDIVIDUAL ABOVE IS UNDER 18 YEARS OF AGE:**

I, being the parent or legal guardian of the above participant, \_\_\_\_\_, who is under the age of 18, have read the above statement and fully understand the contents, consequences and implications of signing this document.

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PRINTED NAME

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SIGNATURE

DATE