

THE UNIVERSITY OF MONTANA WILDERNESS INSTITUTE
ACKNOWLEDGMENT OF RISKS
Volunteer 2011

In consideration of the services of The University of Montana Wilderness Institute, its employees, contractors and all other persons associated with it (referred to below as the “Wilderness Institute”), I agree and acknowledge as follows (please initial each paragraph):

_____ By participating in programs and/or classes through the Wilderness Institute, I knowingly and willfully assume many risks inherent in traveling in remote wilderness areas. Through my participation, I will be expected to complete various activities in which risks may be involved, including certain risks that cannot be eliminated without destroying the unique character of program activities. The same elements that contribute to the unique character of program activities can be the causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. Certain inherent risks associated with program activities include but are not limited to: the hazards of highway travel, the hazards of backcountry travel (such as river travel, winter travel, and travel in mountainous and desert terrain), inclement weather, the forces of nature, human error, accidents, illness, environmental hazards and exposure, animal encounters (including pack animals), falling rock, and the physical and mental stresses of hiking, skiing, and canoeing in varying climatic and geographic conditions. I am also aware that many activities in this program are physically and mentally challenging. I understand that program activities may occur in remote places, days from medical facilities, and realize that due to the remote setting, evacuations and medical care may be significantly delayed. I am aware of the inherent risks in wilderness travel, camping, and other wilderness activities and agree to assume responsibility for these risks and those inherent risks not specifically identified.

_____ My participation in this activity is purely voluntary and I elect to participate in spite of and with knowledge of the inherent risks. I acknowledge that although the Wilderness Institute follows nationally accepted risk management standards, my safety cannot be guaranteed.

_____ I also acknowledge that during program activities decisions are made by instructors, group leaders, and participants based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. There may also be times when participants are unsupervised for portions of a field activity, and will ultimately be held responsible for their own safety and for the safety of others to the extent that their actions have bearing.

_____ I understand that participation in this program may require a degree of skill and knowledge different from other activities, and that I have responsibilities as a participant. I understand that the staff and faculty of the Wilderness Institute will provide written materials, hands-on instruction, and be available to fully inform me of the nature and physical demands of program activities and the inherent risks, hazards and dangers associated with these activities, and it is my responsibility to read all materials provided and attend all field and safety instruction throughout the duration of the trip.

_____ I verify that I have no past or current physical or psychological condition that might affect my active participation in this program, other than as described on the Medical Form, and agree to immediately notify the Wilderness Institute of any significant changes relative to the Medical Form. I authorize the Wilderness Institute to obtain or provide emergency hospitalization, surgical or other medical care for me.

_____ In consideration of the right to participate in all activities arranged by the Wilderness Institute as a part of this course, I will and hereby do, assume all responsibility for the above-mentioned risks, and those inherent risks not specifically identified. To minimize the inherent risks, I agree to accept the direction of the group leaders and comply with all Wilderness Institute practices and policies. In addition, I understand that at any time I participate in any activity against the instruction of the group leaders, that at that time I am no longer part of the Wilderness Institute program and I am acting on my own.

_____ I also understand that if I am not enrolled as a student or employed by The University of Montana that I am not covered by The University of Montana's health insurance policy.

_____ By my signature, I am indicating that I have carefully read and agree to the terms set forth by this Acknowledgment of Risk document.

Signature _____ Date _____

Name (please print) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone (day-time) _____ Phone (evening) _____

If the participant is under 18, I am signing as parent or guardian to reflect my agreement to the terms set forth by this Acknowledgment of Risks and Liability Waiver.

Parent or Guardian Signature _____

Name (please print) _____ Date _____