



Assumption of Risk/Release

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent to the above mentioned programs or class, do hereby voluntarily agree to assume all associated risks and responsibilities to which I may be exposed during transportation to and from all activities or classes and during my participation in the activity or class. In addition, I intend to be financially responsible for any property damage / loss or injuries that may occur as a result of my negligence or failure to follow instructions. I have been provided verbal and /or written information that describes the activities and their inherent dangers, hazards, and possibilities of injury or damage (see third paragraph). In addition, I have been or will be provided with training to safely participate in each activity or segment of the activity.

Further, I do, for myself, my heirs, successors, assigns, and personal representative(s), hereby agree to release Alaska Pacific University, it's Board of Trustees, officers, agents, and employees from all liability, loss, damage and expense, including reasonable attorney fees, which may arise on account of damage to property or personal injury, death or emotional distress resulting from my transportation to and from or my participation in all activities or classes, provided the damage, injury, death or emotional distress does not result from the gross negligence or intentional misconduct of Alaska Pacific University, its Board of Trustees, their officers, agents, or employees.

I enter into the exercise and fitness program offered at **Alaska Pacific University** voluntarily. **I am aware that there are potential risks involved in traveling through the wilderness in Alaska. Some risk include, but are not limited to, encountering severe weather, avalanche, bear, moose, or other wild animals; falling a long distance in steep terrain; slipping on ice; pulled, sore and / or strained muscles; shin splints; and other various exercise related injuries; I also understand that when traveling in a University vehicle or any personal vehicle there is potential risk of being involved in a traffic accident. These hazards and risks may result in a head or spinal injury, paralysis, broken bones, separated joints, severe lacerations, frostbite or death. All participants are advised to properly dress for extreme weather conditions and be prepared for backcountry survival in the event of an emergency.**

I am in good health and have my physicians' approval to exercise. I will inform the instructor or coach of any changes in my health status. I hereby authorize APU to request on my behalf, should I be injured or require emergency treatment, medical assistance including ambulance, and agree to be responsible for all costs thereof. I have proof of health insurance that will cover any injury that I might sustain during this activity.

My health insurance company and policy number is:

Company _____
Policy Number _____

I agree to give all user rights and privileges of any photographs, slides, negatives, or video of my image to Alaska Pacific University. I knowingly give permission to use images in any university advertising, public relations effort, curriculum design, or curriculum delivery.

I am aware that this release is applicable to my heirs, representatives and / or attorney. I have had the opportunity to ask questions regarding this release.

Printed Name: _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(Parent Signature for minor)

Please complete both sides of this form!

Please print and Complete All Sections

Are you in good health? YES ____ NO ____

Do you have your physicians' approval to exercise? YES ____ NO ____

Please indicate below if you have on or more of the following conditions:

High Blood Pressure	yes	no (please circle)
High Cholesterol Level	yes	no
Diabetes	yes	no
Epilepsy	yes	no
Pregnant	yes	no
Smoke cigarettes	yes	no
Asthma	yes	no
Angina	yes	no
Recent Surgery	yes	no
Returning to Exercise after extended time period	yes	no

For all yes answers, please describe/explain:

Please list any other health related conditions you may have:

Please list all prescription and / or over the counter drugs you are presently taking:

Please list any medications you are allergic to:

Emergency contact person: _____

Day phone for contact: _____ Evening phone: _____

Please complete and fax to APUNSC at (907) 564-8943