

# **UNIVERSITY OF UTAH**

**IMPORTANT: THIS IS A LEGAL DOCUMENT,  
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

## **MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE FOR NON- U OF U EVENT OR ACTIVITY**

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this Event.

Participant (print full name): \_\_\_\_\_

Event/Activity: JUDGE MEMORIAL CATHOLIC HIGH SCHOOL SWIM

Date(s) of Event/Activity: 2 OCT 2023 THRU 15 FEBRUARY 2024

### **MINOR PARTICIPANT INFORMED CONSENT**

I, the undersigned, am the Participant named above. I am familiar with the activities which take place in the above named Event at the University of Utah (the "Event"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the Event, which may expose me to illness, injury or death. Knowing of these risks, I freely and voluntarily participate in the Event.

\_\_\_\_\_  
(Signature of Minor Participant age 12-17)

### **PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE**

I \_\_\_\_\_ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the activities which take place in the above named Event and hereby give consent for the Participant to participate in the Event. I understand that participation in the Event can include foreseeable and unforeseeable risks and other hazardous activities inherent in the Event, which may expose the participant to illness, injury or death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the Participant to receive any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that participant has medical insurance (provide insurance information below) and

otherwise agree to be personally responsible for costs of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Event. I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Event and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Event shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

\*The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

\_\_\_\_\_  
Signature of Legal Guardian and/or Parent of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name and Relationship to Participant

\_\_\_\_\_  
Phone Number

***Participant has been advised to maintain health and accident insurance to cover the costs of treatment in the event of any injury or illness.***

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_