



## Risk Acknowledgement and Emergency Contact Form

**Event/Program:**

**Date(s):**

I am a George Mason University student or a participant in a George Mason University-sponsored or university related program. This agreement confirms my understanding of the following:

1. Acknowledgement of Risk:

I understand that my participation is entirely voluntary and agreed to, and that it involves some element of risk. Some of the normal dangers found in any type of activities, including, but not limited to, (remove default items listed and provide risks specific to the activity in the box below)

illness, severe bodily harm and death. The dangers and risks listed are not exclusive and I realize that other significant risks and dangers may be present in the activity.

2. Health Insurance, Emergency Information, and Authorization

a) I understand that I am responsible for providing my own health insurance.

b) If I become injured or ill while participating in the program, I hereby authorize Mason to act on my behalf in obtaining medical treatment. I understand and agree that I am fully responsible for all expenses incurred for any medical care I receive during the program.

c) The following person should be contacted in case of emergency:

Name:

Relationship:

Address:

Telephone:

I have read and understand the above provisions and agree to be bound by them as indicated by my signature below. I agree that the terms of this document shall be governed by the laws of the Commonwealth of Virginia.

Printed Name

Signature

Date

If the participant is under 18 years of age, a parent or legal guardian must also sign:

Signed:

Date: