

**Attached is the Agreement to Participate that all Fear Factor 2009 participants must sign if under the age of 18. Please fill out the form, have the participants' parent or legal guardian sign it and return it to the registration desk on April 11, 2009.**

**All participants must have a signed release form, if under 18 must also have their parents sign.**

### **AGREEMENT TO PARTICIPATE**

I wish to participate in the **Fear Factor 2009**. I acknowledge that I am in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in this event. I understand that if I am injured, I am responsible for my health care costs and I agree to release The University of Findlay, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury- or illness resulting from my participation in this event. I also understand that the rules and regulations that govern student conduct will be in effect during this event.

Participant's Name (printed)\_\_\_\_\_

In the event of illness or injury of my child and reasonable attempts to contact me at my telephone: Home: \_\_\_\_\_ Business/Emergency: \_\_\_\_\_ have been unsuccessful, I hereby give my consent to have any treatment deemed necessary by a local licensed physician or dentist and the transfer of the child to Blanchard Valley Hospital, if necessary.

**Facts concerning the child's medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted:**

Parent or Guardian's Name (printed)\_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_