



## Acknowledgement of Risk

I \_\_\_\_\_ [*name of participant*] hereby intend to participate in the Missoula International Friendship Program. The sponsor of the Program is the nonprofit organization named the Missoula International Friendship Program (MIFP). The activity involves interactions between community members of Missoula and International Students enrolled at the University of Montana.

\_\_\_\_\_ I understand that community members who participate in the program and with whom I will engage are not employees or agents of MIFP or the University of Montana. I knowingly assume the risks inherent in associating with new people on a social level and understand it is my responsibility to take reasonable measures to protect my safety. I will inform MIFP Board members if I encounter any problem with a community member/student in the Program.

\_\_\_\_\_ I acknowledge there are inherent risks, hazards and dangers in participating in the above activities that cannot be eliminated. Such risks, hazards and dangers include, among others, property damage and bodily injury, including falls, burns, and others which cannot be predicted.

\_\_\_\_\_ I agree to comply with all rules and regulations, including those given verbally and in writing, applicable to these activities. I also agree to participate in any safety meetings and presentations of any safety material offered.

\_\_\_\_\_ I knowingly assume all the risks, dangers and rigors involved in the activities and agree, to the extent permitted by law, to indemnify and hold the MIFP Board Members, its directors, officers, volunteers, representatives and agents, from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court costs and attorney's fees, for injuries to, or death or illness of any person, or for damage to any property arising out of or in connection with my involvement in the volunteer activities except to the extent any such insured or indemnified activities result from the negligent or other tortuous act(s) or omission(s) of the MIFP Board.

\_\_\_\_\_ I certify that I am fully capable of participating in the activities offered. I will inform Board members of any pertinent conditions that may affect my participation.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_