

MONTANA STATE UNIVERSITY-NORTHERN
ACKNOWLEDGEMENT OF RISK AND CONSENT FOR TREATMENT
IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT/GUARDIAN
MUST SIGN AND INITIAL THIS FORM WHERE INDICATED, BEFORE PARTICIPATING IN TEKNOXPO.

SECTION I:

ACTIVITY: TEKNOXPO-Equipment Rodeo and COTS Tour

SPONSOR: Montana State University – Northern

Sponsor Representative: Christy Baker; Admissions Specialist Telephone: (406) 265-3793

Activity Date(s): April 21, 2010

Equipment/supplies to be provided:

-by participant: appropriate shoes (ex: boots or tennis shoes, no slides/sandals)

-by Sponsor: 4 Backhoes, 4 Skid Steers, 3 Excavator Simulators, BBQ Lunch, Prizes, safety equipment, and safety training.

Physical activities to be undertaken include:

- Working with/on Heavy Equipment containing Diesel, Gas, and Hybrid engines.
- Working with Electricity
- Working with mechanics tools and equipment
- Walking, Jogging, Running

Risks inherent in these activities include bodily injury due to:

Electric Shock, Falls, Health hazards (including toxins being inhaled, swallowed, or absorbed) outdoor exposure, Runovers/Backovers, Strikes/Crushes, Sprains/Strains, Head, Neck, and Back injuries, lacerations, paralysis or even death.

SECTION II:

I acknowledge that there are certain risks inherent in the TEKNOXPO-Equipment Rodeo and COTS Tour, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those beyond the control of the University staff. I represent that I am physically able, with or without accommodation, to participate in this event, am able to use the equipment and or/supplies described above.

Should I require emergency medical treatment as a result of accident or illness arising during attendance/participation in this event, I consent to such treatment. I acknowledge the University does not provide health and accident insurance for this event and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatment. I will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

Student Name Printed _____

Signature of Student _____

Date _____

Parent Name Printed _____

Signature of Parent _____

Date _____

Parent contact telephone number: _____

SECTION III:

To request disability accommodations for this activity, please contact the Sponsor Representative

INSURANCE

I have indicated below the company name and policy number for the appropriate insurance company:

_____ Participant is insured with the following company. I have checked to see that there is coverage for the activity in question.

Company Name: _____

Policy #: _____

Name of Policy Holder: _____

Insurance contact telephone Number: _____

* Send COMPLETED form by April 1, 2010 to: MSU-Northern Admissions, P.O. Box 7751, Havre MT 59501