

## Waiver and Release

This is an **Informed Consent Form for Minors**, which identifies risks of participating in the **Palisade State Park 6<sup>th</sup> Annual Fishing Tournament** at Palisade State Park, and a **Waiver and Release for parents/guardians**.

Injury may result from your participation in the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament. You are expected to familiarize yourself with the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament and what is required, rules of conduct for the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament as well as any policies. You are expected to follow proper operating procedures including safety procedures as outlined by the course/program instructor, plus any directions given by an authorized employee.

I,(Minor) \_\_\_\_\_, acknowledge that I have familiarized myself with Palisade State Park 4th Annual Fishing Tournament and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized personnel.

\_\_\_\_\_(Signature of Minor)

The undersigned, the legal guardian of \_\_\_\_\_ (hereinafter "minor") a minor under eighteen years of age, in consideration of the minor's participation in the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament do hereby agree to this waiver and release.

I recognize that participation in the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There is also inherent risk involved in ice fishing and travel in or around ice. Weather conditions may also be very hazardous at times. There may also be associated health risks. I state that student is free from any known heart, respiratory or other health problems that could prevent minor from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that minor receives. I agree to release State of Utah, water operators and owners associated with this park, and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that minor receives as a result of participation in the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament.

I further agree to release the State of Utah, water operators and owners associated with this park, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of minor's participation in the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament. 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.

### CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

**I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover minor's participation in the above stated activities at the Palisade State Park 6<sup>th</sup> Annual Fishing Tournament.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or legal guardian signature if Participant is under 18 years old)