

NORTHERN MICHIGAN UNIVERSITY
ASSUMPTION OF RISK

Instructions for Use

The State of Michigan has strong government immunity laws that provide general protections to the university and instructors from claims. For that reason, waivers and assumption of risk documents are not often utilized in our classrooms and programs. However, instructors sometimes request a general form to describe safety and other activity expectations. This form was developed to answer that request. It will not prevent a participant from filing suit; it merely helps to manage risk and expectations.

There are several practices necessary to protect instructors and the university when this form is used. Therefore, it is critical that you:

- 1) Ensure that the signer is over 18. The form cannot be used for minors. No parent or guardian can sign for a minor to waive risk.
- 2) Use a process to ensure that each participant signs and dates the form before participation in the activity. For example, use a class list to show that you received all the participant forms. If a student is signed up for the activity and does not show up (and you have no signed form) list that participant as a no-show on the roster and the form.
- 3) Have extra copies of the form for participants who want to keep a copy. Alternatively, you may post a copy at a site available to all or send a scanned copy by e-mail to all participants. Providing copies does not take the place of collecting signatures.
- 4) Use care when writing the safety practice expectations section. The concern is that by filling out this section, you are setting boundaries around what can be expected. If you exclude items, you could open the University (and yourself) to a suit. The best practice for this section is to start with specific risks and move to more general risks. Risk Management (x2745) will review the wording on the form at any time before the program activity.
- 5) If you use an attachment to list the safety expectations or equipment instructions, write "see attached x-page document" in the safety practice expectation section. Then have the participants initial EVERY page of the attachment.
- 6) For the form to protect the University, instructor, and students, there must truly be an opportunity for the student to back out of or refrain from the activity. The participant has to always have a choice.
- 7) There is a risk if one section of a class uses the form and another does not. Coordinate with other instructors if more than one section of a class is offered (with the same activity that triggers the use of this form). Contact Risk Management if there are coordination issues.
- 8) The statutes of limitations allow claims for three years. Therefore, when the grades are final, send the original forms to Risk Management for retention.

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Program/Class: _____
Instructor: _____
Participant: _____

In consideration for participation in the program or class listed above, including the use of facilities, equipment, grounds, and/or personnel, the Participant understands, acknowledges, agrees, represents and warrants that:

- I am an adult over the age of 18 and have read and understand this entire form.
- I am personally responsible for any loss injury or damage that I cause during the program/class.
- I am responsible for my own medical expenses and insurance.
- I agree to abide by all policies, ordinances, and guidelines of Northern Michigan University during the program/class. These are located at www.nmu.edu/policies.
- I understand that participation may require me to travel in a personal vehicle or rented vehicle.
- Participation may require special skills. I will reduce the risk of injury by limiting participation to reflect my own personal fitness or comfort level, and not ingesting or using any substance prior to or during the activity which could pose a hazard to myself or others.
- I understand that I have the right to discuss any concerns with my instructor and ultimately the instructor's department-head. I have the choice to refrain from participation in any activity that makes me uncomfortable or which I consider an undue risk. Refer to the class syllabus for how participation is reflected in the class grading system.
- This program/class is voluntary and I may choose to end my participation in the class at any time by contacting the Registrar's office. Withdrawal may be indicated on my transcript and the standard NMU refund schedule applies. Withdrawal must occur before the 10th week of classes to be eligible for a "W" grade.
- I understand that even if this program/class is required for graduation, I have the right to request alternate procedures or activities. In most cases, alternate procedures or activities can be developed to meet graduation requirements.
- Participation may require me to use specialized equipment, the misuse of which can cause serious injury or even loss of life. I agree to use the equipment only for the purpose intended. I understand that misuse of the equipment or failure to follow training instructions can result in my removal from the class, expulsion from the university, and/or criminal charges.

Equipment: _____

- I attest that I have no health, medication, or physical restrictions that preclude me from using special equipment or participating in the program/class – or – I believe that I have health, medication, or physical restrictions that would preclude or limit the following activities:

*Accommodations may be requested to address health, medication, or physical restrictions by informing the instructor and/or the Disability Services Office.

- Finally, I attest that I have read the instructor's safety expectations on page two of this form and agree to adhere to these expectations:

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Instructor's Safety Practice Expectations. These are critical safety practices and expectations for this program/class:

In addition to the above specific expectations, NMU also expects that you will act in a manner that will not put yourself or anyone else at risk.

Knowing the risks and expectations, I want to participate in the program/class. I have the basic skills, physical ability, and training needed to safely participate in the program/class. I have honestly disclosed any known health or physical restrictions that could affect my safety or the safety of others in the program/class. I accept the risks and I assume responsibility for my participation.

Knowing that this program/class participation entails various risks, and in consideration for being permitted to participate, I release NMU from any and all costs, claims, and liability which may arise in connection with my program/class participation, except insofar as such costs, claims, and losses are caused by intentional misconduct or gross negligence on NMU's part.

Signature

Printed Name

Date

Instructor: Collect signatures before activity participation. Retain forms until grades are final. Transfer forms to Risk Management (x2745) after grades are final.