The Great Race
2021
Friday April 9th
Greater Zion Stadium
Sign in: 4:00-4:30 pm
Race Starts: 5:00 pm (Award ceremony to follow at Carnival)

Packet Includes:
• Registration Form (p. 2)
• 10 DSU Participation Agreements (p. 3-12)
• 10 DSU COVID Waivers (p. 13-22)

Mandatory Meeting for **ALL** Team Captains
Wednesday, April 7th @ 5:15 pm
Student Activities Center

**TURN IN COMPLETED PACKETS TO THE INTRAMURAL SPORTS OFFICE: HPC 227**

*Packets Due April 7 by the Captains Meeting. Packets will not be accepted the day of the race*

The Great Race is a Dixie State tradition that began in the 1960’s with a bike race that traveled through St. George and its surrounding farm roads. In the early 1970’s it became a 10-man relay team that included activities such as running, motor crossing, horseback riding across Foremaster Ridge, bicycling, and tubing down the Virgin River. In 2000, it was brought back to the Dixie State campus in a modified version that included many of the original events. Dixie alumni, students, and our local high schools battle annually for the coveted Great Race “Gold Medal” and bragging rights for another year.
The Great Race
2021
Registration Form

*At least 4 team members must be female

TEAM NAME: ________________________________
CLUB/ORGANIZATION: _________________________
CAPTAIN: __________________________________
PHONE: ________________________________
EMAIL: ____________________________________
ADDRESS: ________________________________

**Registration packets can be turned in to the DSU Intramural Sports office or at the captains meeting. Packets and waivers must be complete for teams to be entered into the race and are due by the captains meeting on April 7**
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: ___________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ________________________, whose phone number is ________________________, can give consent for further treatment.

Dated: _____________________

Signature: _________________________

Parent/Guardian Signature: _________________________

(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: ____________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ________________________, whose phone number is ________________________ , can give consent for further treatment.

Dated: ________________________
Signature: ________________________

Parent/Guardian Signature: ________________________
(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: __________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ______________________________, whose phone number is ____________________________, can give consent for further treatment.

Dated: _____________________

Signature: ______________________________________

Parent/Guardian Signature: ______________________________________

(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ______________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: __________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ________________________, whose phone number is ________________________, can give consent for further treatment.

Dated:   _____________________
Signature: ______________________________________

Parent/Guardian Signature: ______________________________________
(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: __________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely _________________________, whose phone number is _________________________, can give consent for further treatment.

Dated: _____________________

Signature: _________________________

Parent/Guardian Signature: _________________________

(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: __________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ________________________________, whose phone number is ________________________, can give consent for further treatment.

Dated:   _____________________
Signature: ______________________________________

Parent/Guardian Signature: ______________________________________
(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University __________________________ is wholly voluntary.

(Please Print Your Name)

I personally certify that I am physically able to participate in strenuous activities such as: ___________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely __________________________, whose phone number is __________________________, can give consent for further treatment.

Dated: _____________________

Signature: ______________________________________

Parent/Guardian Signature: ______________________________________

(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: ____________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ______________________________, whose phone number is ______________________, can give consent for further treatment.

Dated:   _____________________
Signature: ______________________________________

Parent/Guardian Signature: ______________________________
(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: __________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ________________________, whose phone number is ________________________, can give consent for further treatment.

Dated: _____________________

Signature: ______________________________________

Parent/Guardian Signature: ________________________________

(If under 18 years of age)
DIXIE STATE UNIVERSITY
PARTICIPANT AGREEMENT

I, ________________________, understand and represent that my participation in the Dixie State University ______________________________ is wholly voluntary.

I personally certify that I am physically able to participate in strenuous activities such as: __________________________________________ and related activities, and that I have no physical impairment or disability of any kind which would keep me from participation.

I agree to abide by all posted club rules or the specific direction, training or recommendation of club advisors and staff, and I assume all liability for any accident, injury, sickness or death as a direct or indirect result of any club activity which occurs as a result of my participation - except to the extent the injury or death arises as a result of gross negligence or intentional misconduct of Dixie State University or any of its employees or volunteers.

I agree and understand that I will not hold Dixie State University or the State of Utah liable for any accident, injury, sickness, death or any associated cost which may result from my involvement in club activity, and that I will hold Dixie State University and the State of Utah free and harmless from any or all liability and responsibility for my actions.

I understand that Dixie State University does not have any insurance or fund of any kind which can or will insure me personally against injury, harm, or death - which may result from my participation in club activities. I must personally pay any cost for these consequences, or, I must personally arrange and pay from my personal coverage through commercial insurance sources.

I hereby consent to the use, reproduction, editing and/or broadcast by Dixie State University of any and all photographs, video recordings and audio recordings of me taken by or on behalf of Dixie State University without compensation to me. All digital negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of Dixie State University solely and completely. I also consent to the use of the above information for promotional purposes.

I certify that I have signed this Participation Agreement voluntarily, without any coercion or duress and with a full and accurate understanding of its meaning and effect.

I agree that if emergency conditions arise and I am unable to give my consent for emergency treatment or care, that the staff or personnel of Dixie State University, the club, any ambulance, or hospital emergency room doctors, nurses and technicians may render appropriate treatment until I or a responsible member of my family, namely ________________________, whose phone number is ________________________, can give consent for further treatment.

Dated: _____________________

Signature: ______________________________________

Parent/Guardian Signature: ______________________________________

(If under 18 years of age)
Dixie State University
Student Assumption of Risk and Release Related to COVID-19

I, ______________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course's and DSU's guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU's premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

________Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant's Name: _________________________________
Participant's Signature: _________________________________
Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue DSU, (c) assumption of all risks of the Participant's participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian's Name: _________________________________
Parent/Guardian's Signature: _________________________________
Date: __________________
I, _______________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course’s and DSU's guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant’s Name: _________________________________
Participant’s Signature: _______________________________________
Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: __________________
Dixie State University

Student Assumption of Risk and Release Related to COVID-19

I, ____________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course’s and DSU’s guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant’s Name: _________________________________
Participant’s Signature: _________________________________
Date: ________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: ________________
Dixie State University

Student Assumption of Risk and Release Related to COVID-19

I, _______________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course’s and DSU’s guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

________ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant’s Name: _________________________________
Participant’s Signature: _________________________________
Date: ______________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: ______________
Dixie State University

Student Assumption of Risk and Release Related to COVID-19

I, _______________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course's and DSU's guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older.

I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant's Name: _________________________________
Participant's Signature: _______________________________________
Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: __________________
Dixie State University

Student Assumption of Risk and Release Related to COVID-19

I, ________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_____ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_____ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_____ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_____ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_____ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_____ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course’s and DSU’s guidelines.

_____ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

_____ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant's Name: _________________________________
Participant's Signature: _________________________________
Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: __________________
I, _______________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course's and DSU's guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant’s Name: _________________________________
Participant’s Signature: _________________________________
Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: __________________
Dixie State University

Student Assumption of Risk and Release Related to COVID-19

I, _______________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course's and DSU's guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant’s Name: _________________________________
Participant’s Signature: _________________________________
Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: __________________
Dixie State University

Student Assumption of Risk and Release Related to COVID-19

I, _______________________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course's and DSU's guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU’s premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older.

I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant’s Name: _________________________________
Participant’s Signature: _______________________________________
Date: __________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian’s Signature: _________________________________
Date: ________________
Dixie State University

Student Assumption of Risk and Release Related to COVID-19

I, ______________________________, wish to enroll in and participate in Dixie State University [name of program, activity or course].

Please initial each of the following statements to indicate your understanding and agreement:

_______ Assumption of Uncertainties: I understand that the program, activity or course may be shortened or altered unexpectedly due to the evolving changes associated with the COVID-19 pandemic.

_______ Assumption of Risks: I understand and acknowledge the highly contagious nature of COVID-19 and I understand that enrollment and participation in the program, activity or course, involve risks and I assume the risks that I may be exposed to, or infected by, COVID-19 by my participation in the program, activity or course. I assume all related risks, both known or unknown to me, of my participation in the program, activity or course and further agree to accept all program, activity or course requirements for participation and to follow the instructions given by supervisory personnel involved in the program, activity or course. I am voluntarily participating in the program, activity or course, and I acknowledge and fully assume the risks associated with my enrollment and participation in the program, activity or course.

_______ Indemnification and Hold Harmless: I agree to indemnify and hold Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”) harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in the program, activity or course and to reimburse DSU for any such expenses incurred.

_______ Health Certification: I certify that I am physically capable and have received health care clearance for participating in the program, activity or course, and that I have no health care condition which would interfere with my ability to safely participate.

_______ COVID-19-Related Symptoms: I understand that symptoms of COVID-19 include but are not limited to: fever, fatigue, cough, shortness of breath or difficulty breathing, sore throat, chills, new loss of taste or smell.

_______ COVID-19-Related Requirements: I understand that (1) if I show any signs of illness or symptoms of COVID-19, or (2) if I have been exposed to or test positive for COVID-19 then I will not report to the program, activity or course, until I have been cleared by a physician and I have followed all the procedures for the program, activity or course and DSU following CDC and/or health department guidelines. I will report any potential illness, exposure, or positive COVID-19 test to the program, activity or course supervisor immediately. I agree to follow all safety procedures in accordance with the program, activity or course's and DSU's guidelines.

_______ Release of Liability and Waiver: In return for being permitted to enroll and participate in the above program, activity or course, including any associated use of the premises, facilities, staff, equipment, transportation, and services of Dixie State University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue Dixie State University, the Board of Trustees, directors, officers, employees, and agents (collectively referred to as “DSU”), from liability from any and all claims, including the negligence of DSU, resulting in being infected with COVID-19 or any other illness and the resulting effects of said illness, including any injury (including death) or any other loss in connection with my participation in the program, activity or course and any use of DSU's premises and facilities.

_______ Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of Utah and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree that this Agreement shall be governed by the laws of the State of Utah, and any disputes arising out of or
in connection with this Agreement shall be under the exclusive jurisdiction of the state District Courts of the State of Utah.

Understanding and Acknowledgement: I acknowledge that I am aware of potential health risks related to COVID-19 or other illnesses during my program, activity or course. I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the program, activity or course, classes and clinical education experiences, and understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me. I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the program, activity or course. I have read this two-page document and I am signing this document freely and voluntarily.

Print Participant's Name: _________________________________
Participant's Signature: _________________________________
Date: ________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely and voluntarily. I understand the legal consequences of signing this document, including (a) release of DSU from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue DSU, (c) and assumption of all risks of the Participant’s participation in the program, activity or course, including travel to and from. I allow Participant to participate in the program, activity or course, and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Print Parent/Guardian’s Name: _________________________________
Parent/Guardian's Signature: _________________________________
Date: ________________