

UTAH VALLEY UNIVERSITY

RISKS AND HAZARDS STATEMENT OF UNDERSTANDING AND RELEASE

The undersigned acknowledges and agrees:

1. **Participation:** I, _____ ("Participant"), voluntarily participate in the **Utah Valley University (UVU) EMT/AEMT/Paramedic Program** during the **20__-20__** academic year.
2. **Assumption of Risk:** I understand that EMS training involves inherent dangers, including but not limited to:
 - Violence/assaults
 - Verbal threats/aggression
 - Motor vehicle crashes
 - Infectious disease exposure (e.g., bloodborne pathogens)
 - Musculoskeletal injuries (lifting, sprains, strains)
 - Psychological trauma (PTSD, stress)
 - Hazardous chemical/biological exposure
 - Extreme temperatures (hyper/hypothermia)

I knowingly and voluntarily assume all risks, including death, injury, or illness.

3. **Release of Liability:** I release **the State of Utah, UVU, its officers, employees, and agents** from all claims arising from my participation, except where prohibited by the **Utah Governmental Immunity Act (§ 63G-7-101)**.
4. **Compliance:** I will follow **all UVU safety protocols**, including:
 - Mandatory PPE (gloves, face shields, etc.)
 - Infection control procedures
 - Reporting injuries/incidents immediately
5. **Insurance Requirement:**
 - I certify I have **health insurance meeting Utah's minimum essential coverage** (Utah Code § 31A-22-605).
 - UVU does not provide medical insurance; I am responsible for **all medical expenses**.
 - If driving, I maintain **auto insurance per Utah Code § 41-12a-301**.
6. **Conduct:** I will abide by the **UVU Student Rights & Responsibilities Code (Policy 541)**. Violations may result in **expulsion and disciplinary action**.
7. **Emergency Contacts:**
 - **Primary:** Name _____ Phone _____
 - **Secondary:** Name _____ Phone _____

Dated: _____

Signed: _____

(Printed Name)