

## General Student Activity Health and Risk Information

PARTICIPANT: (Name/Contact Infor.)

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BRIGHAM YOUNG UNIVERSITY  
Theatre and Media Arts Department  
D-581 HFAC  
Provo, Utah 84602

DESCRIPTION OF ACTIVITY:

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DATE (s): \_\_\_\_\_

I, the above-named participant, am eighteen (18) years of age or older and have voluntarily applied to participate in the above activity ("Activity"). I acknowledge that I have been informed by Brigham Young University ("BYU") that the nature of the Activity may expose me to hazards or risks that may result in illness, personal injury or death; that I understand and appreciate the nature of such hazards and risks; and that I have been advised by BYU to take appropriate precautionary measures to provide for my safety.

I acknowledge that I am required to maintain health insurance through the duration of my enrollment and experience at BYU. I recognize that my personal health insurance and other forms of accident and life insurances are primary in all cases, as a result of my involvement in the Activity, (except for cases arising from the sole negligence, intentional act or omission of BYU).

I acknowledge that I have carefully read this statement.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date