



Idaho State
University

Assumption of Risk Agreement

Mass Casualty Training Exercise - EMT November, 2025

Program Description: Participants acting as "Victims" will be moulaged and placed throughout the Mass Casualty scene. EMT students will locate the victims, assess level of triage needed: immediate, urgent or non-urgent, they will then dress wounds, extricate if necessary, transfer to the staging area for transport via ambulance (no real transport). Victims may have a splint placed or be placed on a backboard.

In consideration for the opportunity to participate in this event, I voluntarily agree to assume all risks involved in my participation. I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to: Cuts from sharp objects, possible drop from waist level, allergic reaction to moulage. Injuries related to slip, trip, and fall incidents, risk of negligence from myself or other participants, risk lost or stolen personal belongings, and other foreseeable and unforeseeable risks of injury or death that may occur that ISU cannot specifically anticipate and list here. I have reviewed the event description and verify I have no physical or mental condition which would endanger myself or others by my participation in this activity. **I agree to follow all event rules, instructions, safety protocols.**

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

I have read, understand, and agree to the above:

Name of Participant *Signature* *Date*

For Minor Participants: I am the parent or legal guardian of the Participant above. I have read this Agreement and voluntarily agree for myself and the Participant to be bound by its terms.

Name of Parent/Guardian *Signature* *Date*

Emergency Contact:

Name of Emergency Contact *Relationship* *Phone Number*

