



UNIVERSITY RECREATION

Participation Agreement Outdoor Adventures Challenge Course

Any person participating in Challenge Course programs must complete and sign a participation agreement, including a release, an indemnity, and consent for emergency medical treatment. Please bring this completed form with you and give it to the facilitators prior to the start of your program.

Printed Name of Participant	NCSU ID# (if applicable)
Organizing Agency or Group	Program Date

RELEASE AND INDEMNITY AGREEMENT AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

As part of the consideration for my being allowed to participate in the North Carolina State University's Challenge Course program, I hereby release, hold harmless, and forever discharge North Carolina State University ("University"), its employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while participating in such activity. I further agree to indemnify the University, its employees and agents from any and all claims resulting from my own negligence.

I acknowledge that my participation in this activity is voluntarily elected by me and is not required in any way. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including death that may be sustained by me as a result of such activity. I agree to follow and adhere to all Challenge Course safety procedures; I understand the importance of safety and will conduct myself in a safe manner at all times during this activity.

I further acknowledge that by signing this Agreement, I do not waive any of my rights or remedies, or any portion thereof, to benefits under applicable workers' compensation laws or any other entitlements under state or federal, law, rule or policy.

I acknowledge and understand the following characteristics and risks of the Challenge Course activity: the activity involves climbing and walking on cables, nets, ladders, ropes and beams, at times, thirty feet or more above the ground. These activities may subject me to psychological stress and anxiety. It also involves strenuous exertion using various muscle groups, quick movements involving speed and change of direction, and strenuous physical activity, which places stress on the cardiovascular and musculoskeletal systems. Environmental hazards include but are not limited to temperature and weather extremes, sun exposure, falling objects and encounters with dangerous wildlife including snakes and insects such as ticks, mosquitoes, bees and wasps. The specific risks vary from one activity to another, but in each activity the risks include but are not limited to 1) minor injuries such as scratches, bruises or sprains, 2) major injuries such as bone, joint or back injuries, loss of sight, concussions and heart attacks, and 3) catastrophic injuries including paralysis and death.

I acknowledge and understand that it has been recommended that I have a physical examination and consult with my physician about physical activity and exercise before participating in this program, especially if I have any physical conditions that may be harmfully affected by the activities involved in the program, including, but not limited to, heart, circulatory, respiratory, or musculoskeletal conditions or pregnancy. I acknowledge that I have either had a physical examination and have my physician's permission to participate or that I have decided to participate in this activity without the approval of my physician. I understand and acknowledge that it is my responsibility to inform the Challenge Course Facilitators of any physical, psychological or medical conditions that may limit my ability to participate in these activities.

In the event of illness or injury, I hereby authorize the program director or facilitators or other agents to coordinate emergency care or other medical treatment for me based on the existing circumstances. A copy of this consent shall have the same force and effect as the original.

I have read the program's rules and regulations and hereby accept the regulations of the program described therein. I understand that the program has the authority to establish and enforce other regulations in addition to these.

This release and indemnity agreement is binding on me, my heirs, assigns and personal representatives. I acknowledge that I am at least eighteen years old and that, if I am not at least eighteen years old, my parent or legal guardian has also signed this release below and that all references to "I," "me," and "my" in this document include both me and my parent or legal guardian.

Media Release

I hereby grant permission to North Carolina State University ("University"), to photograph, film, or make an audio recording of my participation in Challenge Course activities. I grant the University an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials in publications, exhibits, on the internet or on television and to identify me in such materials. I also waive the right to approve the final product.

HEALTH INFORMATION

Please list here, any physical, psychological or medical conditions that may affect your ability to participate in Challenge Course activities or elements. I acknowledge that the Challenge Course Facilitators may limit or prohibit my participation in any part of this program. These could include but are not limited to heart conditions, back or neck injuries, allergic reactions, knee, bone, or joint injuries, epilepsy, seizures or asthma, recent surgeries, pregnancy, current medications or anything else which could affect balance, dexterity or coordination:

_____ (Additional pages are available if more space is needed)

Please list here anything you would like a doctor or Emergency Room staff to know about you in the event you are sent to the hospital unconscious or otherwise unable to speak for yourself:

_____ (Additional pages are available if more space is needed)

Emergency Contact Name: _____

Address: _____

Relationship to You: _____ **Phone#:** _____

University shall maintain all health records and information about participants in compliance with all applicable HIPAA and FERPA laws and regulations.

_____ I hereby acknowledge that I have read and understand the information presented to me in the *(initial)* Participation Agreement.

Signature of Participant Date

Printed Name of Participant NCSU ID#

Signature of Parent or Legal Guardian (if participant is under age 18) Date