

LSU
University Recreation
Adventure Education

CHALLENGE COURSE
PARTICIPATION AGREEMENT

NAME: _____

GROUP: _____

DATE: ____/____/____

I understand, agree and appreciate that Louisiana State University, Department of University Recreation, Challenge Course Program involves a variety of rigorous physical activities that often include warm-ups, games, group initiatives, trust falls, low and high challenge course elements, climbing challenges, and other activities. The University Recreation Challenge Course Program is a series of cables, ropes, obstacles and/or wooden boards stretched between or attached to support systems, which provide different challenges for the participant in the form of low and high elements. Many of these activities require the use of props such as logs, wooden boards, ropes and blocks. I voluntarily and freely agree to engage in these activities. The degree and extent of participation remains my choice, based on what I can comfortably and willingly risk. I understand that a philosophy of "Challenge by Choice" has been adopted by the Department of University Recreation Challenge Course Program to insure my complete control of my own level of participation. However, it is up to me to inform the group of my choice, and to tell the group if I perceive pressure to participate.

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. I understand that this activity is inherently dangerous regardless of safety precautions to reduce the risk, and that **I have voluntarily and knowingly assumed any and all risks**, both known and unknown, including that I may suffer serious emotional or physical injury or disability, or even death, as a result thereof, and that I assume full responsibility for my participation. In the event that I observe any unusual or significant hazards during my participation, I will immediately notify the nearest official and remove myself from participation in this activity.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself. I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible for determining whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities offered by LSU University Recreation, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician. Should Louisiana State University, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such harmless for all fees and costs.

By entering a LSU UREC facility or using LSU UREC equipment, you consent to being the subject of any photography, audio, or video recordings, which may take place while you are participating in programming and/or open recreation activities. Such photography and recordings may be used for LSU publications, webcasts, telecasts, advertising, and for any other additional promotional or marketing purpose as Louisiana State University may see fit. By entering a LSU UREC facility, you hereby waive all rights or claims you may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcast, or exhibition of these materials. When/if your likeness or image is used in publication, there will be no identifying information provided. If you do not wish to be photographed, please kindly inform our photographer or videographer.

Signature of Participant

Print Name of Participant

____/____/____
Date

FOR PARTICIPANTS OF MINOR AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do herewith consent and agree to his/her release as provided above.

Parent/Guardian Signature

Print Parent/Guardian Name

____/____/____
Date

Emergency Phone Number: () _____ - _____



Adventure Education

Challenge Course – Medical Information Form

Please complete each item below as accurately and truthfully as possible. Provide details for any significant conditions, injuries and/or illness that may affect your ability to participate in the Trips Program. This form is the property of UREC and will remain as a confidential record to the fullest extent permitted by law. Only the Trip Leaders and medical personnel have access to this information.

LSU ID # (or Driver's License # w/ state if non-LSU): _____

GROUP NAME: _____

DATE: ____/____/____

NAME: _____

PHONE: (____) _____ - _____

ADDRESS: _____

DATE OF BIRTH: ____/____/____

City, State, Zip: _____

AGE: _____

In case of Emergency, please contact:

NAME: _____

RELATIONSHIP TO YOU: _____

PHONE: (____) _____ - _____

ALTERNATE PHONE: (____) _____ - _____

The UREC Adventure Education Trips Program does not provide medical insurance for participants. If available, please provide the following medical and insurance information.

PRIMARY DOCTOR: _____

PHONE: _____

ADDRESS: _____

City, State, Zip: _____

INSURANCE PROVIDER: _____

POLICY #: _____

INSURANCE Co. PHONE #: (____) _____ - _____

Physical fitness and health information – for program design and in case of emergency.

Is your ability to sit, stand, or walk, limited in any way? **Yes / No**

If Yes, please describe briefly: _____

Do you know how to swim? **Yes / No** If yes, how are your swimming skills (1-poor – 10-excellent) _____

If we do an activity that involves lifting, climbing, or jogging, how likely are you to choose to participate?

Definitely _____ Probably _____ Maybe _____ Probably Not _____ Definitely Not _____

Are you currently taking any medications? **CIRCLE: YES / NO**

If **YES**, please identify the medication and describe in detail:

Adventure Education

Challenge Course – Medical Information Form

Are you pregnant? CIRCLE: YES / NO

If YES, is this public knowledge? YES / NO

If YES, how far along will you be on the date of the program? _____

Have you experienced any of the following medical conditions?

Allergies _____

Yes / No

If YES, do you carry an Epi Pen? _____

Yes / No

Asthma _____

Yes / No

If YES, do you carry an inhaler? _____

Yes / No

Diabetes _____

Yes / No

If YES, what is your current treatment? _____

Neck/Back Problems _____

Yes / No

If YES, please describe: _____

Have you experienced any of the following medical conditions?

Epilepsy/Seizures***

Yes / No

Heart Conditions***

Yes / No

High Blood Pressure***

Yes / No

***** If you answered yes to any of these conditions we strongly recommend you consult your physician prior to participating.**

Any additional ailments, comments or concerns we should know about?

*** By signing below you are stating that all the above information is accurate, and if necessary, you agree to allow someone to obtain medical treatment on your behalf if you are unable to do so.**

PARTICIPANTS SIGNATURE

PRINT NAME

____/____/____
DATE

FOR PARTICIPANTS OF MINOR AGE

Parent/Guardian Authorizations: This medical information is correct and completed as far as I know, and the person herein described has permission to engage in all Trips Program curriculum except as noted.

PARENT / GUARDIAN SIGNATURE

PRINT PARENT / GUARDIAN NAME

____/____/____
DATE

STAFF USE ONLY

Reviewed by: _____

Date: _____