Individual Participant Waiver and Release Agreement, Challenge Course

The undersigned in consideration for the right to participate in an Outdoor Program (OP) Challenge Course, hereby agrees to this waiver and release.

I recognize that the Activity may have a risk of personal injury and/or damage to my property. I hereby freely assume all risks which may be associated with or result from participating in the Activity including, but not limited to:

1. A ropes or challenge course is a series of tasks, obstacles or challenges that the participants will travel through, on or around during the course. Most obstacles involving physical activity such as crawling, walking, climbing or movement using all or part of your body. Some of the obstacles will be off the ground, some quite high. Participants may experience exhaustion or tiredness from the course. A large amount of physical exertion will be required.

2. Participants may experience rope burns from the ropes or cables traveling through their hands. Participants can fall against the rope or other objects while on the course. Participants may fall to the ground from heights of varying distances.

3. Participants will often experience and confront several types of fear or trauma.

4. You need to understand that your involvement and participation in this activity is voluntary. You have the right and you must notify us if you do not want to participate in any or all of the activities. Do not allow your friends or other participants to influence your decision to participate or not participate. If at any time you are unsure, frightened, or unable to proceed please notify us at once and we will assist you in coming off the course.

5. The list of possible accidents stated above may inflict bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. It is also possible that some participants would suffer mental anguish or trauma from the experience or their injuries.

6. This list is not an exclusive or exhaustive list of possible injuries, trauma or accidents that may occur while participating at our ropes challenge course. Most of these injuries are rare and you are not likely to encounter them, however they have occurred and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when the participants are using drugs or alcohol or not physically able to undertake the activity.

7. Because certain activities are contraindicated with certain medical conditions, I affirm that if I have any mental or physical conditions or limitations that might compromise or affect my ability to participate in OP activities, I have discussed them with a licensed physician. Furthermore, if my physician or I feel it is important to share this medical condition with the OP and/or its staff, I will do so.

8. I agree that the OP has no responsibility for medical care provided to me, and I agree to pay all costs associated with such care.

9. I authorize and release to the OP the use of my image in any photograph, audio recording, or video recording for any purpose of the OP with no compensation of any kind afforded to me.

I further agree to release the State of Utah, Weber State University (WSU), their officers, employees, agents, contractors and volunteers ("Releasees") from any and all liability, claims, demands, actions, loss, claim, damage, injury, illness, or harm ("Claims") to me of any kind or nature arising out of participation in the Activity including where Claims occur due to the negligence of Releasees.
CONSENT

Consent is expressively given, in the event of injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I AM 18 YEARS OF AGE OR OLDER, HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING WAIVER AND RELEASE, AND I SPECIFICALLY INTEND IT TO COVER MY PARTICIPATION OR COMPETITION IN THE ABOVE DESCRIBED EVENT.

<table>
<thead>
<tr>
<th>Participant Printed Name</th>
<th>Signature</th>
<th>W#</th>
<th>Date</th>
</tr>
</thead>
</table>

Age | Email | Phone #

Please circle applicable:  WSU Student  WSU Faculty/ Staff  General Public

IN CASE OF EMERGENCY, please contact: ___________________________ Phone: __________________

*If participant is under 18 do not sign above, please use the informed consent below which must also be signed by a parent or legal guardian.

Informed Consent for Minors and their Parent

This is an informed consent form for minors, which identifies risks of participating in a Weber State University (“WSU”) activity or program, and a consent form for parents/guardians.

Parent or Guardian, read and sign this section: I have been informed of the nature of the Activity, listed in this document (see bullet points 1-9), which my minor child wishes to participate in. I recognize that the Activity may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. I state that my minor child is free from any known heart, respiratory or other health problems that could prevent her or him from safely participating in the Activity. I consent to the participation of my minor child in the Activity.

CONSENT

Consent is expressively given, in the event of injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

Parent/Guardian Name: ___________________________ 
Parent/Guardian Signature: ___________________________ Today’s Date: ________________

Participating minor child, read and sign this section: I desire to participate in the Activity described above. I agree to familiarize myself with the Activity and what is required, rules of conduct and safety equipment. I agree to follow proper operating procedures including safety procedures as outlined by the Activity leader, plus any directions given by WSU personnel. I agree to follow the rules of conduct and use the provided safety equipment.

Participant’s Name: ___________________________ 
Participant’s Signature: ___________________________ Today’s Date: ________________ 
Emergency Contact: ___________________________ Phone: __________________