

UNC Chapel Hill Carolina Outdoor Education Challenge Course Participation Agreement

Any person attending the Challenge Course must sign a participation agreement, which includes a release, indemnity and consent for emergency medical treatment and a photo release. Please bring this completed form with you and give it to the facilitators.

Application to be accepted for participation in a **University of North Carolina at Chapel Hill Outdoor Education Center** Challenge Course program to be organized by: _____
(Group Name)

Date at Course _____

(Print Participant's Name Clearly)

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RELEASE AND INDEMNITY AGREEMENT AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

As part of the consideration for my being allowed to participate in the University of North Carolina at Chapel Hill's Challenge Course program, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill (hereafter "University"), its employees and agents acting within the scope of their duties, 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 and understand the following characteristics and risks of the Challenge Course activity: The activity involves climbing and walking on cables, logs, ladders, walls and beams, at times, thirty feet above the ground. The activity 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 Carolina Outdoor Education Staff 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 instructors or other agents to obtain emergency or other medical treatment for me as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I

understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. A copy of this consent shall have the same force and effect as the original.

I acknowledge that my participation in this activity is 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.

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.

Signature of Participant

Date

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

Date

* * * * *

HEALTH INFORMATION

Please list here, any physical, psychological or medical conditions that you believe Challenge Course Facilitators should know about you that could limit or in any way affect your ability to safely engage in challenge course activities or elements. 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. : _____

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: _____

Emergency Contact Name: _____

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

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Media Release

I hereby grant permission to The University of North Carolina at Chapel Hill ("University") to photograph, film, or make an audio recording of my participation in Challenge Course events. 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.

Signature of Participant: _____ **Date:** _____