



**UVM Adventure Ropes Course
Liability and Medical Information Form**

Organization/Group:

Date(s) of Program:

Challenge by Choice™

The concept of Challenge by Choice is the foundation of the UVM Adventure Ropes Course experience. Originally developed by Project Adventure, the concept of Challenge by Choice involves individuals choosing their own level of participation. Individuals are responsible for listening to all instructions, guidelines and information presented by the instructor in order to decide their level of participation.

Release of Liability

I affirm that the information I have provided is accurate and complete. I understand that failure to disclose this information could affect my own and others' safety. I understand that parts of the program at the University of Vermont's Adventure Ropes Course may be physically and emotionally demanding. I agree to follow all safety instructions given by the UVM Adventure Ropes Course staff. By signing below I acknowledge that I have fully informed myself as to the nature of the activity or activities in which I will be participating, the risks associated with each activity, the concept of Challenge by Choice and my responsibility to know my own limits. In the event of illness or injury consent is hereby given to provide emergency medical care, hospitalization or other treatment that may become necessary.

I understand that I may freely choose not to participate in any activity offered by the UVM Adventure Ropes Course. By choosing to participate in any of the aforementioned activities, I hereby accept any and all risks associated with the activity and solely release the University of Vermont, its staff members, Board of Trustees, and any and all other persons employed by the school or participating as instructors, from any and all liability for bodily injury, emotional injury or loss of property. These risks also include dog bites from neighborhood dogs.

PARTICIPANT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

**INDIVIDUALS MAY NOT PARTICIPATE IN ANY CHALLENGE COURSE
ACTIVITIES WITHOUT PROPER SIGNATURES.**

(Over)

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Important Information

Ropes Course activities involve a variety of physical challenges. These activities are designed for someone in reasonably good health. The individual decides the level of participation in all activities. At no point will any participant be forced to participate. We work to minimize risk at all times in our programs. Each person must assume all risk of emotional or physical injury. **Each participant must have health insurance.** We ask that you fill out **both sides** of this release of liability and medical information form completely in order to inform our instructors of any medical concerns.

Name_____	Date of Birth_____
Address_____	Home Phone_____
_____	Work Phone_____
Do you have health insurance? YES or NO (please circle)	
Insurance Company_____	Policy Number_____
Emergency Contact/Relationship_____	Phone Number_____

To the best of my knowledge, I am in good health and can participate in this activity. I have indicated below any reasonable accommodations needed to meet my mobility, vision, hearing or other needs, as well as any health problems or medical conditions that may interfere with my participation:

(Indicate "none", if none.) _____

Signature of Participant

Date

Photo/Media Release

I grant the UVM Adventure Ropes Course the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of me for use in materials they may create.

Participant Signature_____

Parent/Guardian Signature_____

(Please read and complete both sides.)