



Medical Information and Release of Liability Form – Participant Under Age 18

Organization/Group: _____ Date: _____

_____	_____
Name	Pronoun (i.e. he, she, zir, them)
_____	_____
Phone Number	Date of Birth
_____	_____
Address	City/State/Zip

Emergency Contact Name/Relationship to participant/Phone Number	
Do you have health insurance? YES or NO (please circle)	
_____	_____
Insurance Company	Policy Number

Challenge or 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. Each person must assume all risk of emotional or physical injury. We recommend persons participating in this activity have their own health insurance. We are not responsible for any medical bills incurred as a result of participation in this activity. By signing this form, you authorize us to obtain emergency medical treatment on your behalf. We are not responsible for any costs incurred for emergency medical treatment. We ask that you fill out this release of liability and medical information form completely in order to inform our instructors of any medical concerns.

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.

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 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.

Reasonable accommodations or medical conditions that might interfere with my participation:

Name of Minor Participant

Date

Parent/Guardian Name

Parent/Guardian Signature

Photo Permission

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.

Name of Minor Participant

Date

Parent/Guardian Name

Parent/Guardian Signature

Release of Liability, Assumption of Risk and Indemnification

For Parent/Guardians of Participants Under Age 18

I, as parent/guardian with legal responsibility for this participant, give permission for _____ to participate in the UVM Adventure Ropes Course. I understand that participation may involve certain risks of physical activity and that UVM will provide each participant with due care, but that UVM cannot insure that the participant will remain free of injury. I nonetheless wish to have the participant participate in the UVM Adventure Ropes Course and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by the participant, or any loss or damage to property owned by the participant, as a result of participating in the UVM Adventure Ropes Course.

I, for myself, my heirs, assigns and next of kin, agree to: (i) covenant not to sue UVM and its trustees, employees or agents and indemnify and hold harmless UVM, and its trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of the participant's participation in the UVM Adventure Ropes Course; and (ii) release, waive, and discharge UVM and its trustees, employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by the participant, or to any property or belongings of the participant, while participating in the UVM Adventure Ropes Course, or while in, on or upon the premises where the activity is being conducted.

This release, however, is not intended to release UVM from causes of action arising out of the sole negligence of UVM, its trustees, employees or agents.

UVM reserves the right to dismiss a participant if in their view, the participant poses a significant safety risk to himself/herself and/or others.

I have read this Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Name of Minor Participant

Date

Parent/Guardian Name

Parent/Guardian Signature

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

PLEASE COMPLETE BOTH SIDES OF THIS FORM