Medical Information and Release of Liability Form

Organization/Group: UVM Service TREK
Date: August 19, 2017

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. 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.

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

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Participant Signature ___________________________________ Date ________________________

***PLEASE COMPLETE BOTH SIDES OF THIS FORM***
Choice and the UVM Adventure Ropes Course

Encouraging participants to make positive choices is the foundation of the UVM Adventure Ropes Course experience. UVM ARC staff encourage individuals to choose 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. Furthermore, individuals are asked to respect others personal decisions in regards to their participation level.

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 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 __________________________ Date ______

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

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.

Participant Signature __________________________ Date ______

***PLEASE COMPLETE BOTH SIDES OF THIS FORM***