

**KU Recreation Services Adams Campus Challenge Course
Participant Agreement and Release of Liability**

Participant Name (Please Print): _____

Parent/Guardian, if minor (Please Print): _____

**Initial below to indicate you have read, understood,
and agree to the section following your initials.**

Parent/Guardian should initial on behalf of the participating Minor after discussing each section with him/her, indicating that both the Minor and the Parent/Guardian agree to each section.

_____ **I give my consent to Adams Campus Challenge Course staff to secure medical advice and services as they determine necessary for my health or well-being. I give permission to emergency medical personnel to treat me as they deem medically necessary.**

_____ **I state that I am not under the influence of chemical substances including alcohol, and that I will not be under the influence of any substance when participating in the Adams Campus Course program.** I realize participating in Challenge Course activities while under the influence of a substance could endanger others and myself.

_____ **I am aware that I might be photographed and/or videotaped during my participation,** and I authorize such photographs and/or videotapes to be used by the Adams Campus Challenge Course in training or promotional materials at any point in the future. I understand that my name will not be used and/or published, and that I will not receive compensation for the use of such photographs and/or videotapes.

_____ **I accept financial responsibility for any medical expenses and/or loss of income** not covered by my personal insurance should an injury occur as a result of my participation in the Adams Campus Challenge Course program.

Release of Liability

In consideration of my being allowed to participate in the Adams Campus Challenge Course program, I agree and understand:

_____ **The Adams Campus Challenge Course activities are, by their nature, physically and mentally demanding,** and that participating in the Adams Campus Challenge Course program may involve risks such as bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates and physical contact with others.

_____ **I have the right and responsibility to limit my participation in any activity that I believe will compromise my well-being or safety,** and I agree to notify an Adams Campus Challenge Course employee if I have such concerns. If I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

_____ **Although the Adams Campus Challenge Course staff make every reasonable effort to minimize risks, not all hazards can be foreseen, and injury could occur, such as cuts, bruises, scrapes, fractures, and more serious injuries. I am aware that certain risks and hazards may exist in the activities that are beyond the control of the Adams Campus Challenge Course and their employees.**

_____ **The Adams Campus Challenge Course options staff has the right to deny my participation** and that it is my responsibility as a Participant to follow safety guidelines and procedures established by the Facilitator(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s), I realize that it is my responsibility to ask for clarification and/or assistance.

_____ **I may use each element/equipment for its intended purpose only as outlined by Adams Campus Challenge Course staff, and if I do not use them for their intended purpose, I may be asked to end my participation in the activities. I am also aware that misuse of the elements/equipment may result in injury or death to others and myself.**

_____ **I assume all dangers and risks (both known and unknown) associated with my participation in the Adams Campus Challenge Course program and waive, release and discharge University of Kansas, Recreation Services, and Adams Campus Challenge Course, other entities affiliated with the University of Kansas, and their agents, officers and employees from any and all claims, liability, or causes of action arising from my participation, and agree to indemnify and hold all those named above harmless for any incidents, injury, loss or damage of property, and expenses that I may incur as a direct or indirect result of participating in the Adams Campus Challenge Course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.**

My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that I have completed and provided complete and accurate information on the Participant Information Form.

PARTICIPANT SIGNATURE (Minors must sign)

Date

PARENT/GUARDIAN SIGNATURE
(Required if participant is less than 18 years old)

Relationship/Date