

## **Release of Liability Form**

Venture Activities are exciting, challenging, and both physically and mentally demanding. Some activities may be stressful and possibly hazardous. The programs provide goal-oriented activities that offer participants an opportunity to explore new behaviors related to trust, teamwork, and leadership capabilities. These activities may include field games; low elements a few feet high that are constructed of rope, cable, and wood; high elements that require safety equipment or rock climbing. All activities are supervised by instructors who have been specifically trained in the operation and safe practices of challenge courses or rock climbing. Our philosophy is Challenge by Choice, which means that participants agree to choose their own level of challenge and agree not to be coerced by instructors or other participants.

Plymouth State University has taken precautions to provide proper equipment and qualified instructors. It is impossible, however, to guarantee absolute safety. While it is the aim and responsibility of the program and instructor to provide you with an enjoyable, educational, and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in adventure activities. You will receive instruction in safe, up-to-date practices and safety techniques related to all elements and activities and will be supervised throughout the program. Participants are advised to call hazardous situations to the leader's attention.

Injuries can occur. By consenting to participate, you assume all risks incidental to use the course and activity, including the possibility of bruises and other more serious injuries. Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation in the course. You agree to assume all responsibilities and risks involved in the program, for yourself and all claims and legal actions, whether for property damage, physical injury, or otherwise, arising from your participation in the program.

Please confirm with your signature that you have read this information, that you understand your responsibility as a participant, and that you assume the all risks incidental to this venture program. Your signature also acknowledges that you have provided us with all medical information that has been requested on the reverse side, that you agree to follow instructions and directions given by your instructors, and that you will act with good judgment.

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Name \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Parent or Guardian Signature (if under 18 years old) \_\_\_\_\_

### **Photo/Media Release**

I grant Plymouth State University the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of me for use in materials they may create.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If under 18 years of age):  
\_\_\_\_\_

## Medical Information Form

Fill out both sides of this form completely to allow for your participation on the course

\_\_\_\_\_  
**Name** **Date of Program**

\_\_\_\_\_  
**Organization** **Work Phone**

\_\_\_\_\_  
**Work Address** **City** **State** **Zip**

\_\_\_\_\_  
**Name, relationship and phone number of a person to contact in case of an emergency**

**Allergies:** Do you have allergic reactions (e.g., to bees, drugs, foods, etc.)? If so what are they?  
\_\_\_\_\_  
**Yes**\_\_\_ **No**\_\_\_

**Medications:** Are you taking medications (e.g., Tylenol, Orthonovo 777, Proventil, etc.)? If so, what are they? What are they for?  
\_\_\_\_\_  
**Yes**\_\_\_ **No**\_\_\_

**Chronic Illnesses:** Do you have any chronic illnesses (e.g., diabetes, epilepsy, asthma, etc.)? Please list.  
\_\_\_\_\_  
**Yes**\_\_\_ **No**\_\_\_

**Physical Conditions:** Do you have any physical conditions that might limit or prevent you from participating in certain physical activities? If so, please describe such limitations and conditions on activities.  
\_\_\_\_\_  
**Yes**\_\_\_ **No**\_\_\_

**Injuries:** Have you experienced any injuries (e.g., dislocations, sprains, etc.) within the last three years? If so, list here and identify when the injuries occurred and the extent or the severity of the injury. Have you fully recovered from this injury?  
\_\_\_\_\_  
**Yes**\_\_\_ **No**\_\_\_

**Physician:** Have you been treated by a physician in the past year? Have you been hospitalized within the past year? If so, please explain.  
\_\_\_\_\_  
**Yes**\_\_\_ **No**\_\_\_

**Primary Physician:** Address and Phone Number (include area code)  
\_\_\_\_\_

**Insurance:** By what insurance company are you covered? If possible please include your I.D. number.  
\_\_\_\_\_