



Auburn University Challenge Course
APPLICANT INFORMATION AND CONFIDENTIAL MEDICAL INFORMATION
VOLUNTARY WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

EVENT INFORMATION

Event Name: _____
 Date(s): _____ Time(s): _____
 Name/Type of Activity: _____
 Name of Organization: _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. AS A PARTICIPANT, PARENT OR GUARDIAN I UNDERSTAND THAT:

The Auburn University Challenge Course programs and training workshops use a variety of activities including warm-ups, games, team-building initiatives, and low and high challenge course activities. Low course activities can take place as high as 12 feet off the ground and high course activities can take place as high as 35 feet off the ground. Some programs include additional rigorous physical activities such as rappelling and rock climbing. Some of these activities can be physically demanding. Although some activities are physically demanding, our programs are designed to be within the capability of anyone who is in reasonably good health. Participation in this program is voluntary, and you can decline participation in all of, or any part of, the activities occurring during the program.

Each participant in the Auburn University Challenge Course is required to have health/accident insurance coverage. The information requested on this form is intended to help inform our staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to participating in the training. If you have a pre-existing medical condition, participation in some of the more strenuous activities may not be recommended. **This information will be kept in strict confidence and only shared with your permission.**

The Auburn University Challenge Course requests the information below so that, in case of an emergency, you have provided us with accurate information about you so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. This information is intended to help **you** determine whether participation in some or all of the Auburn University Challenge Course is appropriate. **Final determination about whether to participate is the responsibility of you and your physician.** If you have any medical issue that is not requested below, but of which you think it is important, please include that information below.

PART 1. GENERAL INFORMATION

Name _____ Email Address: _____
 Parent/Legal Guardian Name (if applicable) _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Date of Birth ____/____/____ Gender M F

Please list two emergency contacts:

_____	_____	_____	_____
Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____	_____
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #

PART 2. MEDICAL INFORMATION

It is recommend that you consult with your physician prior to participating in the Auburn University Challenge Course. If you are uncertain about any preexisting medical conditions, it is **your responsibility to consult with your own physician** prior to participating in Auburn University Challenge Course. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Do you have health/accident insurance? (check one).....Yes No
 If yes, name and address of company:

Do you have any limiting medical conditions that you or your doctor feel would limit your participation in the Auburn University Challenge Course? (check one)Yes No

If yes, identify and explain:

Are you currently taking medication that may interfere with your ability to safely participate in the Auburn University Challenge Course? (check one)Yes No

If yes, please indicate the medication and the condition being treated:

Do you have any allergies or reactions to medications, insect stings or plants? (check one).....Yes No

If yes, please explain:

Do you currently have OR do you have any history of the following?

- | | |
|---------------------------------|--|
| Heart palpitations | Heart attack |
| Heart disease | Symptoms of chest pain or pressure with exertion |
| Heart murmur | Currently taking medication for high blood pressure |
| High blood pressure | Stroke |
| Chest pain or pressure | Diabetes or blood sugar problems |
| Asthma or respiratory problems | Epilepsy or seizures |
| Pregnancy | Musculoskeletal injuries (breaks, strains or dislocations) |
| Bleeding disorders | Orthopedic conditions aggravated by physical activity |
| Mental or neurological problems | Smoking |

If you checked any of the items above, please provide additional information:

Please indicate which statement best describes how often you exercise:

- little or no exercise on a regular basis
- occasional exercise 1 or 2 times per week
- vigorous exercise (e.g., 20 minutes of running, walking at a fast pace or equivalent 3 times per week or more)

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during an event. By signing my name I represent and warrant that I have provided all materials and important information to the Auburn University Challenge Course pertaining to my medical, mental and physical condition related to my participation and that it is accurate and complete. I agree to notify the Auburn University Challenge Course of any changes in my mental, physical or medical condition prior to my scheduled event.

I understand that it is my responsibility to consult my physician regarding physical or mental conditions that may affect my ability to participate in the Auburn University Challenge Course. By revealing or disclosing the above medical information it will not be used by Auburn University personnel or employees to determine my ability to participate safely in activities. I understand that, if I choose to participate in activities, I do so voluntarily and of my own accord and the final decision regarding participation is solely my responsibility.

SIGNATURE IS REQUIRED:

Participant's Name _____ Date _____

Participant's Signature _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19



**AUBURN UNIVERSITY
INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY AND
ASSUMPTION OF RISKS**

EVENT INFORMATION

Event Name: _____

Date(s): _____ Time(s): _____

Name/Type of Activity: _____

Name of Organization: _____

PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ ♂ _____ ♀ _____ Gender: M ~~AAA~~ F

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN THE AUBURN UNIVERSITY CHALLENGE COURSE.

I, the undersigned, wish to participate in activities at the Auburn University Challenge Course as indicated above and, in consideration of the mutual covenants and conditions contained in this Voluntary Waiver, Release of Liability and Assumptions of Risks Form (hereafter referred to as "RELEASE"), I hereby agree as follows:

1. Assumption of Risks

I acknowledge, understand and appreciate that as part of my participation in the Auburn University Challenge Course ("ACTIVITY") there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Some of the risks that may be present or occur include, but are not limited to:

- the hazards of traveling by foot or vehicle to and from the course;
- using climbing harnesses, ropes, carabiners, and other climbing equipment;
- objects falling from above, including but not limited to ropes, carabiners, other climbing gear, boards, cables, nuts and bolts and other construction materials, cameras, and personal gear, tree branches, other people, etc.
- falling from course elements and landing on ground, or falling against cables, ropes, trees, platforms, beams, other people, etc.;
- getting tangled in ropes or cables;
- failure of ropes, cables, bolts, nuts, platforms, beams, boards, harnesses, etc.;
- injuries inflicted by animals, insects, reptiles or plants;
- the forces of nature including lightning, weather changes, hypothermia, hyperthermia, sunburn, high winds, and other hazardous conditions;
- the physical exertion and stress associated with this strenuous outdoor activity.

Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from ACTIVITY.

I understand that my participation in this ACTIVITY is purely voluntary, and I elect to participate in spite of the risks. I understand that I will be given the option to freely choose my level of participation in this ACTIVITY, and if I choose to participate, I hereby assume the risks associated with this ACTIVITY. Further, I acknowledge that I have the right to not participate in any particular part of the ACTIVITY. Should I choose not to participate in any particular part(s) of the ACTIVITY or should I choose to end my participation in the ACTIVITY altogether, I understand that I am free to do so without any penalty or negative consequences whatsoever.

I acknowledge that specialized experience and skills may be necessary to participate in this ACTIVITY and confirm I possess such experience and skills. I understand that this ACTIVITY may subject me to rigorous physical exertion. I hereby declare that I am in suitable physical condition to accept a rigorous level of physical activity. Furthermore, I hereby consent to treatment, evacuation, anesthesia, and/or operations which might become necessary in the event of a medical emergency related to my participation in this ACTIVITY. I understand and agree to follow all safety precautions required for participation.

To the extent that I engage in activities that are not a part of the ACTIVITY and from which I may sustain personal injury or other damage to myself or property, or cause others to be injured or sustain other damage, including damage to their property, I understand that the Auburn

University Challenge Course, Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (hereafter "AUBURN") will not be held responsible.

2. Waiver of Claims

On behalf of myself and my personal representatives, heirs, executors, administrators, successors, assigns and any and all other persons, firms, employers, corporations, associations, or partnerships, the undersigned agrees and does hereby release, waive, forever discharge, agree to indemnify and covenant not to sue AUBURN, for claims including but not limited to any claim for damages, relief or compensation which I may have by reason of injury, death, property damage or loss of any kind arising out of my participation in any part of the ACTIVITY.

3. Hold Harmless

On behalf of myself and personal representatives, heirs, executors, administrators, successors, assigns and any and all other persons, firms, employers, corporations, associations, or partnerships, the undersigned agrees to exempt, absolve, hold harmless and indemnify AUBURN of and from any and all current or future responsibility, liability, duty of care, and/or claims arising out of any injury, death or loss while participating in any part of the ACTIVITY even if such loss, damage, injury, or death is the result of negligence on the part of any or all of the AUBURN, or from any other cause. The undersigned hereby expressly agrees to indemnify and hold harmless AUBURN from any claims, losses, costs or expenses of any kind, which AUBURN may incur as a result of any lawsuit, claim or demand made by myself against AUBURN for any of the activities contemplated herein.

4. Covenant Not To Sue

On behalf of myself and my personal representatives, heirs, executors, administrators, successors, assigns and any and all other persons, firms, employers, corporations, associations, or partnerships, the undersigned covenant not to sue and agree to never initiate, or be a party to any lawsuit, claim, demand, prosecution or action of law for any damages, relief, or compensation, which I may have by reason of injury, death, damage or loss of any kind whatsoever relating to the negligence on the part of any or all of AUBURN arising out of my participation in any part of the ACTIVITY.

5. Authorization for Medical Care

The undersigned consents and gives permission to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider. The undersigned understands that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide AUBURN authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the undersigned. The undersigned hereby gives permission to AUBURN to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. The undersigned give permission to AUBURN to arrange necessary related transportation for treatment for the undersigned. I accept full responsibility for payment of all services rendered.

6. Choice of Law

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my participation in any part of the ACTIVITY, shall be brought only in Lee County, Alabama.

7. Photo Release

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

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital.

The undersigned has been given ample time to read and understand this RELEASE, and fully accepts its contents and conditions and agrees to them by signing this RELEASE voluntarily. I am aware that by signing this RELEASE that I am waiving certain legal rights which I/ or my heirs, next of kin, executors, administrators, and assigned may have against AUBURN. The information I have provided is disclosed accurately and truthfully.

SIGNATURE IS REQUIRED:

Participant's Name _____

Date _____

Participant's Signature _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19