



Medical Information and Release of Liability Form – Adult Participant

Organization/Group: \_\_\_\_\_ Date: \_\_\_\_\_

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

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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

## Release of Liability, Assumption of Risk and Indemnification

I understand that participation in the UVM Adventure Ropes Course may involve certain risks of physical activity and that UVM will provide each participant with due care, but that UVM cannot insure that I will remain free of injury. I nonetheless wish to 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 me, or any loss or damage to property owned by me

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