



# Adult Participant Informed Consent Form

I, the undersigned, being at least 18 years of age, and for myself, my personal representatives, my estate, heirs, and next of kin, and in consideration for the opportunity to participate in the event described below do hereby sign this waiver, release and indemnity agreement. I certify that I have reviewed this agreement and sign it voluntarily of my own free will.

Group Name \_\_\_\_\_ Event Date \_\_\_\_\_

Activity Location USU Challenge Course, Logan, Utah

Activity Description Will include both the low course elements and the high course elements

Transportation to and from activity Will be arranged by participants

I understand and certify that I am voluntarily choosing to participate in the Utah State University Challenge Course and will not hold them responsible for known and unanticipated risks and dangers. These risks and dangers include, but are not limited to, falls, falling objects, and unobservable broken equipment or unauthorized use of equipment which could result in damage to or loss of property, illness or disease, physical or mental injury, or death of myself or other persons. I understand injuries that may result from my participation in scheduled or unscheduled activities related to this program include, but are not limited to: cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

**Medical Condition:** Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above. Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none):

\_\_\_\_\_

If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor's statement must accompany this document.

**Medical Treatment Consent:** Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary. Participant's medical insurance will be the primary and sole source of coverage for treatment.

Health/Medical Insurance Company \_\_\_\_\_ Policy  
# \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Liability Release:** I agree to release, acquit and forever discharge Utah State University, its officers, employees, agents, students, advisors, teachers, volunteers, organizers and others associated with this event from any and all liability, claims, demands, actions and causes of actions whatsoever that I may have, or which occurs in favor of my executor, administrators or representatives resulting from or arising out of my participation in this event. I agree to defend, indemnify and hold harmless all the entities or persons named above from any claim, demand, actions or causes of action whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising from any accident or injury resulting from my participation in this event.

**Photography & Video Release:** I hereby grant absolute rights and permission to the USU Challenge Course staff and their sponsors to use photographic portraits and/or video footage of me for illustration, promotion or advertising purposes.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.

Participant's printed name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

RMS 9-03