

LSU
University Recreation
Adventure Education

CHALLENGE COURSE
PARTICIPATION AGREEMENT

NAME: _____

GROUP: _____

DATE: ____/____/____

I understand, agree and appreciate that Louisiana State University, Department of University Recreation, Challenge Course Program involves a variety of rigorous physical activities that often include warm-ups, games, group initiatives, trust falls, low and high challenge course elements, climbing challenges, and other activities. The University Recreation Challenge Course Program is a series of cables, ropes, obstacles and/or wooden boards stretched between or attached to support systems, which provide different challenges for the participant in the form of low and high elements. Many of these activities require the use of props such as logs, wooden boards, ropes and blocks. I voluntarily and freely agree to engage in these activities. The degree and extent of participation remains my choice, based on what I can comfortably and willingly risk. I understand that a philosophy of "Challenge by Choice" has been adopted by the Department of University Recreation Challenge Course Program to insure my complete control of my own level of participation. However, it is up to me to inform the group of my choice, and to tell the group if I perceive pressure to participate.

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. I understand that this activity is inherently dangerous regardless of safety precautions to reduce the risk, and that **I have voluntarily and knowingly assumed any and all risks**, both known and unknown, including that I may suffer serious emotional or physical injury or disability, or even death, as a result thereof, and that I assume full responsibility for my participation. In the event that I observe any unusual or significant hazards during my participation, I will immediately notify the nearest official and remove myself from participation in this activity.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself. I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible for determining whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities offered by LSU University Recreation, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician. Should Louisiana State University, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such harmless for all fees and costs.

By entering a LSU UREC facility or using LSU UREC equipment, you consent to being the subject of any photography, audio, or video recordings, which may take place while you are participating in programming and/or open recreation activities. Such photography and recordings may be used for LSU publications, webcasts, telecasts, advertising, and for any other additional promotional or marketing purpose as Louisiana State University may see fit. By entering a LSU UREC facility, you hereby waive all rights or claims you may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcast, or exhibition of these materials. When/if your likeness or image is used in publication, there will be no identifying information provided. If you do not wish to be photographed, please kindly inform our photographer or videographer.

Signature of Participant

Print Name of Participant

____/____/____
Date

FOR PARTICIPANTS OF MINOR AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do herewith consent and agree to his/her release as provided above.

Parent/Guardian Signature

Print Parent/Guardian Name

____/____/____
Date

Emergency Phone Number: () _____ - _____