

Radford University (RU) Challenge Course Program  
**Assumption of Risk and Release of Liability**

*Please read this document Carefully.*

I, \_\_\_\_\_, am aware in signing this document for participation in RU's Challenge Course program that certain elements of the program are physically, mentally, socially, and emotionally demanding. Furthermore, I understand that certain risks and dangers exist inherent in the activities in which I will be participating. The activities may include, but are not limited to, cooperative warm-ups, non-traditional group games, trust and problem-solving activities, and the low challenge course. The risks include, but are not limited to, loss or damage to personal property, injury or fatality due to inclement weather, slipping, falling, insect or animal bites, falling objects, or suffering any type of accident or illness on the activity site or while traveling to the activity site. I acknowledge that while the program and its staff will make every reasonable effort to supervise me, teach me proper techniques, and minimize exposure to known risks, all dangers (hazards and perils) associated with these activities cannot be foreseen. I have a personal duty and responsibility to learn and follow the safety standards, guidelines, and procedures established by my facilitators and will make them aware at any point during the activity in which I question my knowledge of the standards, guidelines, and procedures or my ability to participate.

I understand and assume all dangers (hazards and perils) and risks associated with these adventure program activities and waive all claims or causes of action arising from participation in RU's Challenge Course program(s). I do hereby release all persons and agents from liability whether caused by all negligence, strict liability or otherwise, which I may ever have against Radford University and its agents. Furthermore, I give my consent to the facilitators or other medical personnel to treat me in an emergency situation. My signature on this document is also intended to bind my successors and heirs.

Participant Name (printed) \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature (*if* under 18 years of age) \_\_\_\_\_

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**Image Consent Form**

The signature to this form is verification of my consent of have recordings of audio or visual images (still pictures or video recordings) of myself and/or of the child as identified in the blank provided:\_\_\_\_\_. For children under the age of 18 years, the legal guardian must complete and sign this form. These recordings are being taken for the possible purposes of:

1. Publicity of programs at Radford University
2. Class use at Radford University
3. Presentations at conferences and workshops
4. Publications dealing with outdoor recreation and related topics

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_