

**Saint Mary's University of Minnesota**  
**Participant Agreement, Release and Consent for Emergency Treatment**  
**Challenge Ropes Course**

*(Saint Mary's University of Minnesota ("the University") reserves the right to deny any person or group participation at any time, based on equipment, behavior, and medical conditions.)*

Participant & Parent/Guardian Name: \_\_\_\_\_/\_\_\_\_\_  
*(Please print)*

**Initial below to indicate that you have read, understood, and agree to the section following your initials.**

*Parents/Guardians/Legal Representative should initial on behalf of the participating minor after discussing each section with them. Said initials indicate that both the minor and the Parents/Guardians/Legal Representative agree to each section.*

\_\_\_\_\_ **I state that I am not now under the influence of any chemical substance including alcohol, and I will not be under the influence of any substance when participating in the challenge ropes course program ("the Activity").** I realize participating in the Activity while under the influence of a chemical substance would endanger me and others.

\_\_\_\_\_ **I am aware that I might be photographed and/or videotaped during my participation.** I authorize such photographs and/or videotapes to be used by the University in training and/or promotional materials, at any point in the future. I understand that I will not be compensated for the use of such photographs and/or videotapes.

\_\_\_\_\_ **I give my consent to University employees and to emergency medical personnel to treat me if they deem it necessary.** I authorize University staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to illness or injury during my participation in the Activity. I assume all responsibility for the costs of any such medical treatment.

**RELEASE OF LIABILITY**

\_\_\_\_\_ **I understand that the Activity is, by its nature, physically and emotionally demanding** and that participating in the Activity involves risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart or breath rates, falling or crashing into walls, rope abrasions, entanglement, equipment failure, failure to follow instructions, failure of other participants to follow instructions, and /or physical contact with others. I freely and voluntarily assume all risks associated with the activity.

\_\_\_\_\_ **I understand that although University staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen** (i.e., fatigue, cuts, bruises, scrapes, fractures, dislocations, paralysis, etc.) I am aware that certain risks and dangers exist in the Activity that are beyond the control of the University and its employees.

\_\_\_\_\_ **I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety** and agree to notify a University employee if I have safety concerns.

\_\_\_\_\_ **I understand that University staff may deny my participation in the Activity and that it is my responsibility to follow the instructions, guidelines, and procedures established by University staff.** If, at any time, I do not understand or have not heard specific instructions given by University staff, I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

\_\_\_\_\_ **I understand and assume all dangers and risks (both known and unknown) associated with my participation in the Activity and waive and release and discharge the University and its agents, officers, and employees from all claims and causes of action arising from my participation.** I do hereby release the University and its agents, officers, and employees from any and all liability, even if arising from the their negligence, and agree to indemnify and hold them harmless for any accidents, injury, loss or damage of property and from any legal fees that I may ever have as a direct or indirect result of participating in the Activity. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law. **My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf**

***By signing below, I am agreeing that I have carefully read and agree to all the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please complete the Health History Form prior to signing this document.)***

\_\_\_\_\_ **Date:** \_\_\_\_\_  
Participant Signature (Minors must sign)

\_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian/Legal Representative Signature Relationship  
(Required if Participant is under 18 years of age)