



E.D.G.E. Challenge Course

DEPARTMENT OF RECREATION ADMINISTRATION

DISCLOSURE

The E.D.G.E. Challenge Course involves a variety of activities including warm-ups, games, group initiatives, low and high challenge course elements, and other rigorous physical adventure activities. The level of participation in the course is entirely voluntary. Safety measures have been designed into the program to assist in safeguarding participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant that he or she may experience an emotional or physical injury. Some potential risks with challenge course activities include, but are not limited to: Walking into cables/poles and tripping on uneven terrain, getting hit by a falling object, hair/clothing/jewelry getting caught in parts of the challenge course equipment, injuries or discomfort caused by wearing of harness, scrapes and cuts, broken bones, and dislocations.

RELEASE OF LIABILITY

I understand that parts of the course may be physically or emotionally demanding. I affirm my health is good, and that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risk of injury or disability in the E.D.G.E. Challenge Course activities. I understand that each participant must freely assume the risk of physical and emotional injury that could result from any activities while at the course. I release the owners/operators, the Recreation Administration Department, California State University, Fresno, and its faculty/staff from all liability for any injury to me from participation in the course.

USE OF MY LIKENESS

I understand that during the activity I may be photographed or videotaped. To the fullest extent allowed by law, I waive all rights of publicity or privacy or pre-approval that I have for any such likeness of me or use of my name in connection with such likeness, and I grant the E.D.G.E. Challenge Course permission to copyright, use, and publish such likeness of me, without restrictions and for any purpose.

MEDICAL PERMISSION AGREEMENT

I hereby give permission to assume responsibility for securing necessary medical care for the well being of myself _____ (print name) as long as I am a participant in the course. In case of sudden medical emergency, I give the hospital permission to secure any needed medical or surgical care. I understand that the owner/operator is not responsible for any medical expenses incurred.

PARTICIPANT INFORMATION

Certain health/medical information must be made known to the facilitators conducting the program so that they are prepared to respond appropriately if the need arises. This information

will be held in confidence. Please complete the below information prior to participating in any activities.

1. Do you have limiting physical disabilities or limitations (temporary or permanent, including but not limited to pregnancy, asthma, heart condition, diabetes, depression, etc.)?
_____ Yes _____ No (If yes, identify and explain) _____

2. Are you currently taking medication (prescribed or otherwise)? _____

3. Do you have any allergic reactions (including but not limited to medications, foods, or insects)? _____ Yes _____ No (If yes, identify and explain) _____

I have fully informed myself of the consents of this agreement by reading it before signing it. No oral representations, statements or other inducements to sign this release have been made apart from what is contained in this document.

Signature of Participant: _____ Date: _____

Name Printed: _____ Age: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

If participant is a minor, signature of a parent or responsible adult is required below:

In consideration of the minor child being permitted to participate in the activity, I accept and agree to this agreement, the release of liability, use of my likeness, and the medical permission agreement.

Parent/Responsible Adult Signature: _____ Date: _____

Name Printed _____ Relationship: _____

For Staff Use Only

Responses to questions 1, 2, 3 reviewed by:

Signature

Date