

**Eastern Kentucky University
Challenge Course
Participation Agreement**



print participant name

print name of group

Instructions: Please read this form carefully. Each participant and his/her parent/guardian must sign this Agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I/My child desire(s) to participate in the Eastern Kentucky University Challenge Course, and I fully understand and appreciate the dangers, hazards, and risks inherent in the program (see listing on back, or 2nd page, of this form), which dangers include but are not limited to serious or even mortal injuries and property damage.

I/My child understand(s) that participation in programs offered by the Eastern Kentucky University Challenge Course is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that participation is purely voluntary. At all times I/my child will choose my/his/her level of participation in any activity. I/My child has completed the medical questionnaire on the back of this form and to my knowledge all information is accurate.

I understand the employees of the EKU Challenge Course have received appropriate training and will work to protect the emotional and physical safety of myself/my child. I understand that climbing, high ropes courses, ground initiatives, and other activities in the Challenge Course which I/my child will participate in, entails certain risks. I recognize that there are certain dangers, risks, and possible injuries which are inherent in and may result from participation in the program. I understand that despite the safety precautions taken by EKU that it is impossible to guarantee that any participant will not be injured. I will, or have instructed my child to, obey all rules, regulations and instructions of program personnel in an effort to minimize such risks. I/My child is in good physical health and fitness such as to allow participation in the program. In the event of possible injury, I give permission for EKU to authorize the administration of emergency medical care to me/my child.

Therefore, for myself /my child, I knowingly and voluntarily assume all risks involved in my/my child's participation, and do hereby release EKU and its Regents, officers, employees, and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I hereby give permission to Eastern Kentucky University of Richmond, Kentucky (Hereinafter "Eastern Kentucky University") and/or parties designated by Eastern Kentucky University to photograph myself and use such photographs in all forms of media, for any and all promotional purposes including advertising, publicity, display, audiovisual, exhibition, commercial or editorial use. I understand that the term "photograph" as used herein encompasses both still photographs, audio recording and motion picture footage.

I further consent to the reproduction and/or authorization by Eastern Kentucky University to reproduce and use such photographs for use in all domestic and foreign markets.

I hereby release Eastern Kentucky University and any of its associates, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

Signature of Participant

Signature of Parent or Guardian
REQUIRED FOR PARTICIPANTS UNDER THE
AGE OF 18

Address

Emergency Contact: _____

City State Zip

Phone: Home: _____

Business: _____

Medical Questionnaire

1. Are there any existing medical conditions that might effect your safe participation in this program?

2. Are you allergic to any of the following?

Medication (e.g. penicillin, aspirin, etc.) _____

Insect bites (e.g. bee stings, etc.) _____

Other _____

If so, what is the nature of the reaction? _____

Dangers, Hazards, and Risks Inherent in Challenge Course Programs:

Risks	Prevention	Solution/Treatment
Getting hit by a falling object	Be alert. Look up before walking under or near the course. Wear a helmet.	Inform Staff of injuries for assistance
Hair, clothing, or jewelry getting caught in pulleys or other parts of the challenge course	Have long hair tied back. Remove rings, dangling earrings, watches, etc., and wear proper clothing (ie, avoid loose sleeves)	If caught, remain calm and ask staff for assistance
Injuries or discomfort caused by improper wearing of harness.	Wear harness as instructed and check for any loosening throughout the day. Have a staff member check your harness.	If you have any questions or doubts, ask Staff for assistance.
Scrapes and cuts	Participate within your abilities. Wear proper clothing.	Inform Staff of injuries for assistance
Death or serious injury	Wear proper gear. Check to make sure carabiners are secure. Make sure you use proper commands. Obey all rules.	Inform Staff of injuries for assistance