

FSU Campus Recreation FSU CHALLENGE

Statement of Voluntary Consent, General Release, And Waiver of Liability

(For Individual Participant Signature or Parent/Guardian if participant is under age 18)

In consideration of my or my minor child's participation in The Florida State University's **FSU Challenge Course** activities and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity, I voluntarily consent to my or my minor child's participation in the program, and assume the risks arising therefrom.

In consenting my or my minor child's participation in the **FSU Challenge Course**, I acknowledge that I have been given information about the activities, risk levels and specific guidelines associated with the course, for my independent review and understanding of the course requirements.

I HEREBY CONSENT, declare and represent, as evidenced by my signature below, that I am on notice that The Florida State University has no medical, health or hospitalization insurance to cover me or my minor child in the event of accident, injury, illness or death, and hereby specifically release and hold harmless The Florida State University, the Florida State University Board of Trustees, and the Florida Board of Education, and the Florida Board of Governors, their agents, employees, representatives and personnel, from any and all liability connected with the **FSU Challenge Course** activities and assume any and all risks, liabilities and responsibilities for all accidents, injuries, damages or property losses arising there from. Furthermore, I acknowledge that it has been strongly recommended to me that I obtain my own, or in the event of my minor children, his or her own health, medical and/or hospitalization insurance prior to participating in the **FSU Challenge Course**.

I hereby declare and represent that in making, executing, and tendering this Statement of Voluntary Consent, General Release, and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my or my minor child's participation in the **FSU Challenge Course**, and that I have read this statement, understood its contents and voluntarily executed it of my free will and choice.

Group Name

Participant Name/Print

Signature: _____
Participant or Parent/Guardian (if participant is under 18)

Date: _____
Mo./Day/Yr.

Photo/Media Release:

I _____ grant **FSU Challenge Course** and persons acting for or through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of me or my minor child for use in materials they may create.

Date: _____ Signature: _____

Personal Health Information

FSU Challenge activities can be strenuous and often offer exercise of a different nature than most participants are used to. Because of this challenge, FSU does not want you to engage in activities that could be detrimental to your health or which would be opposed by your physician due to recent illness or injury. Therefore, we are requesting the following information so we can be aware of potential problems. You should carry your own health, medical and/or hospitalization insurance because FSU does not have health, medical or hospitalization insurance to cover you or your participation in this activity.

The University's use of this information is for programming purposes for the Challenge Course only and shall comply with all applicable state and federal laws related to the privacy of health information of this type.

Name _____
Last First M.I. Male/Female

Address _____
Street City/State Zip

Home Phone _____ Work Phone _____

Email Address _____

In the event of injury or illness, please indicate who should be contacted:

Home Phone _____ Work Phone _____

Please complete the following information:

<u>Yes</u>	<u>No</u>	Do you have:
_____	_____	Allergies? <i>If yes, please list:</i> _____
_____	_____	Diabetes?
_____	_____	Heart Disease?
_____	_____	Epilepsy?
_____	_____	Asthma?
_____	_____	High Blood Pressure?
_____	_____	Back Problems? <i>If yes, please explain:</i> _____
_____	_____	Dislocations? <i>If yes, please explain:</i> _____
_____	_____	Do you smoke?
_____	_____	Are you pregnant?
_____	_____	Are you currently under a doctor's care? <i>For what reason?</i> _____
_____	_____	Are you taking any medication? <i>If yes, what type?</i> _____ <i>For what reason?</i> _____
_____	_____	Are you allergic to insect bites or bee/wasp stings? <i>If yes, do you carry medication with you (epipen)</i> Yes _____ No _____
_____	_____	Do you have any condition which might affect your health or the well being of others? _____
_____	_____	Are there any limitations on your activities? <i>If yes, what are they?</i> _____