

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 Programs and 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 use of these facilities and participating in recreational programs at this site, and assume the risks arising there from. In consenting to my or my child's participation at the **FSU Challenge Course**, I acknowledge that I am participating on my own will and know the risks involved at the waterfront park facility.

NOTICE TO THE PARTICIPANT /MINOR CHILD'S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO/TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE FSU BOARD OF TRUSTEES OR ITS AGENTS ("FSU") USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU/YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOU/YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FSU IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOU/YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FSU HAS THE RIGHT TO REFUSE TO LET YOU/YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, on my own behalf or as the parent or legal guardian of the above mentioned minor, do hereby permit him/her to participate in this program. I hereby release and discharge Florida State University, its Board of Trustees, and all of its agents, including Campus Recreation and all of its employees from any liability whatsoever to the undersigned or the undersigned's minor child from any matter arising out of injury or damage that may be sustained by the participation in this program.

I also hereby grant consent unto any medical doctor or hospital and authorize any aid, treatment, or care to said participants, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said participant should be injured or stricken ill while involved in this program.

Group Name

Participant Name/Print

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

Date: _____
Mo./Day/Yr.

Personal Health Information

Name _____
Last First M.I.

Address _____
Street City/State Zip

Phone _____ Email Address _____

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

Name _____ Phone _____

FSU Challenge activities can be strenuous and offer exercise of a different nature than most participants are used to. Because of this, FSU does not want you to engage in activities that could be detrimental to your health or which would be opposed by your physician. 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. So that our facilitators can best take care of any direct concerns that you have, we are asking for you to share any conditions that you feel would affect your participation in this program. 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.

Are there any physical, mental or emotional matters that you wish to make us aware of? (IE – allergies, injuries, pregnancy, medications, etc.) _____

What is your affiliation with FSU?

- | | |
|---|--|
| <input type="checkbox"/> 1 st year student | <input type="checkbox"/> Graduate student |
| <input type="checkbox"/> 2 nd year student | <input type="checkbox"/> FSU Faculty/Staff |
| <input type="checkbox"/> 3 rd year student | <input type="checkbox"/> Student at another college/university |
| <input type="checkbox"/> 4 th year student | <input type="checkbox"/> Non-FSU, Tallahassee community and/or business member |
| <input type="checkbox"/> 5 th year student | |

FSU STUDENTS ONLY: Are you a first generation college student (neither of your parents received a 4-year degree)?

- I AM a first generation college student.
 I am NOT a first generation college student.

Military Status

- | | |
|---|---|
| <input type="checkbox"/> None/Civilian | <input type="checkbox"/> Newly/Recently Separated Veteran (3 years or less) |
| <input type="checkbox"/> ROTC Member | <input type="checkbox"/> Veteran (over 3 years) |
| <input type="checkbox"/> Active Military | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Active Military Reserves | |

Gender

- Man
 Woman
 Other
 I prefer not to identify

Which of the following best represents your racial/ethnic heritage? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> White, Euro-American | <input type="checkbox"/> South Asian, Indian American |
| <input type="checkbox"/> Black, African American, Afro-Caribbean | <input type="checkbox"/> Middle Eastern, Arab American |
| <input type="checkbox"/> Pacific Islander, Hawaiian Native | <input type="checkbox"/> Native American, Alaskan Native |
| <input type="checkbox"/> Latino/Latina | <input type="checkbox"/> I prefer not to identify |
| <input type="checkbox"/> Hispanic, Hispanic American | <input type="checkbox"/> Other: |
| <input type="checkbox"/> East Asian, Asian American | |

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.

Signature: _____ Date: _____