



University Neuropsychiatric Institute  
UNI ROPES Challenge Course  
501 Chipeta Way  
Salt Lake City, UT 84108  
ropes@hsc.utah.edu  
801.587.3148

## RELEASE FORM

IMPORTANT: THIS IS A LEGAL DOCUMENT, PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.

Date of ROPES Group: \_\_\_\_\_

Participant (print full name): \_\_\_\_\_

I, the undersigned, am either the Participant named above or the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above. I am familiar with the curriculum and the activities which take place in the above named course.

### PHOTO RELEASE

The undersigned hereby authorizes the University Neuropsychiatric Institute to take photographs during a ROPES Group. I consent to the use of the photographs for UNI ROPES Course marketing purposes. My name or other identifying information shall not be disclosed at any time.

This consent shall act to expressly release from liability this University and its components parts as well as its officers, agents, employees and consultants. The meaning and purpose of this consent has been fully explained to me.

Agree

Disagree

### MEDICAL DISCLOSURE/HEALTH FORM

**We require that this form be filled out in full**

Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

*In case of an emergency, please notify:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Policy and number: \_\_\_\_\_

- |   |        |
|---|--------|
| 1. Do you smoke? Number of packs per day_____                             | YES NO |
| 2. Do you wear glasses or contacts?                                       | YES NO |
| 3. Are you currently under a physicians care?                             | YES NO |
| If yes, please explain:_____  |        |
| 4. Are you allergic to bee stings?  | YES NO |
| If yes, do you carry a bee sting kit?                                     | YES NO |
| 5. Do you have any allergies?   | YES NO |
| If yes, please explain:_____  |        |
| 6. Have you had a recent injury, illness, or operation?                   | YES NO |
| If yes, please explain:_____  |        |
| 7. Do you have diabetes, seizures, frequent fainting/ dizziness?          | YES NO |
| If yes, please explain:_____  |        |
| Are you on medication for any of the above?                               | YES NO |
| 8. Do you have any neck, back, or shoulder pain or injury?                | YES NO |
| If yes, please explain:_____  |        |
| 9. Does your weight present health problems or limit physical activities? | YES NO |
| Please explain:_____  |        |
| 10. Do you have a history of heart problems or high blood pressure?       | YES NO |
| Please explain:_____  |        |
| Are you taking medication for heart and or blood pressure?                | YES NO |
| 11. Are you currently taking medication not mentioned above?              | YES NO |
| If yes, please explain:_____  |        |
| 12. Do you require special assistance of any type?                        | YES NO |
| If yes, please explain:_____  |        |

Doctors' orders are required to participate in activities for participants who answered yes to 3, 6, 8, and 10.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

This Agreement must be completed in order to participate in the activities associated with the University of Utah challenge course.

**TERMS AND CONDITIONS**

I will participate or authorize the Participant to participate in the above program at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks, difficult or uncomfortable conditions, risks of falling, equipment failure, and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. Participant or guardian/parent freely and voluntarily participates or allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death. I understand that my safety depends largely upon my ability to carry out simple instructions.

## WAIVER, RELEASE AND INDEMNIFICATION

Participant or Guardian/Parent of Participant understands and acknowledge that the University of Utah ("University"), the State of Utah and all of their respective officers, employees and agents (collectively, the "Releasees") are not insurers of Participant's behavior, actions or participation in the Program, and that the Releasees assume no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the each of the Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Participant or Guardian/Parent of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law. Participant does not have any medical conditions that would prevent participation in course Program. Participant has adequate health insurance to cover the costs of treatment in the event of any injury. Participant shall pay any attorney fees or costs incurred by the University in enforcing this Agreement. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

\_\_\_\_\_ I am signing this Agreement for myself as Participant. I acknowledge that I am eighteen (18) years of age or older and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

\_\_\_\_\_  
Signature of Legal Guardian and/or Parent of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (under 18)

\_\_\_\_\_  
Date



I, \_\_\_\_\_, the parent or legal guardian of  
Parent Name  
\_\_\_\_\_, in \_\_\_\_\_ do hereby give my permission for  
Child Name Grade

to participate in the **Challenge Course Day** (ropes course) at the University of Utah with Pacific Heritage Academy during school hours on May 8, 2018.

I, \_\_\_\_\_, the parent or legal guardian  
Parent Name  
\_\_\_\_\_, do hereby hold Pacific Heritage Academy  
Child Name

harmless for any claims that might arise out of any incident while child is participating in field trips, including when being transported in vehicles. The parent understands that participation is purely voluntary and assumes the risk of any injury resulting from or connected to that participation in the trip will not be the responsibility of Pacific Heritage Academy. Parent understands that student may be transported in private vehicles of individual volunteers. The parent hereby agrees to indemnify, defend and hold harmless Pacific Heritage Academy and/or its trustees, officers, employees and agents against any and all liabilities, losses, damages, claims, actions, or expenses, including reasonable attorney's fees arising out of any and all claims, demands, causes of action and suits of whatever nature, in law or equity, that arise out of or are connected with, or are based in whole or in part of any conduct, fact, matter, act or omission that relates to or is otherwise connected with transportation to any activity within the scope described above.

\_\_\_\_\_  
Printed Name Signature Date

NAME	I would like to chaperone! (8:45 am - 2:45 pm)