

Syracuse University – Department of Recreation Services

Assumption of Risk, Waiver of Liability and Medical Authorization

Syracuse University offers a challenge course, consisting of a series of teambuilding activities, including but not limited to; low and high elements, field games and initiatives. These activities can be physically demanding and offer inherent risks. I accept responsibility for deciding if any pre-existing medical condition should limit my participation in these activities. It is not possible to anticipate all risks that could occur during this activity, but I accept all risks that could cause injury and death. If I am uncomfortable with engaging in any event or do not understand the instructions for any event, I will inform a facilitator, and will not participate in that event.

All participants in the challenge course could be exposed to the possibility of physical injury including death and disability. By signing this waiver each participant accepts the risk and responsibility as their own. By participating in the challenge course, the participant waives and releases any and all rights and claims for damages that the participant or his/her heirs or successors may have against Syracuse University and its trustees, officers, employees, students, agents, contractors and representatives arising out of or resulting from the participant's participation in the challenge course.

I understand and agree that this waiver is to be as broad and inclusive as is permitted by the laws of the State of New York, and that if any portion of this waiver is held invalid, the remaining terms shall continue in full force and effect. This waiver shall be binding upon me, as well as my successors, personal representatives, heirs and assigns.

In the event of any suspected injury or medical condition that requires immediate attention, I consent to treatment by Syracuse University and its facilitators. If treatment becomes necessary, I agree to pay for any such treatment, including treatment received from any other health care provider, and including the cost of transportation to a medical facility.

Age and Weight Restrictions

For Climbing Elements Only: Participants must be at least 10 years old and weigh at least 50 pounds but not more than 300 pounds.

Please check the appropriate boxes below as they pertain to you on the date of the scheduled program:

I hereby confirm that my age is seven (10) years old or greater

I hereby confirm that my weight is at least fifty (50) pounds and no more than three hundred (300) pounds

Media and Publicity Release

I acknowledge that Syracuse University may utilize photographs and / or video that may be taken of me or statements that I may make during the activity for promotional or educational purposes. I consent to this use and waive all rights to compensation.

Please check only one of the following options, then sign and date.

If under the age of 18, a parent or guardian must sign for any media to be used.

I hereby give consent to the above media and publicity release

I decline consent to the above media and publicity release

In consideration for participation in this activity, I agree to the terms above. I understand that this is a binding legal document.

School, Company or Organization Name: _____

Participant's Name (print): _____ DOB: _____

Participant's Signature: _____

Parent/Guardian Signature if under 18 years of age: _____ Date: _____

Parent/Guardian Name (print): _____ Email: _____

Phone Numbers (Home) _____ (Work) _____ (Cell) _____

Name of Emergency Contact: _____ Phone: _____