

Group Name: _____ Date of Activity: _____

WINTHROP UNIVERSITY OUTDOOR EDUCATION CENTER RELEASE AND HOLD HARMLESS AGREEMENT
THIS IS A LEGAL DOCUMENT, WHICH INCLUDES A RELEASE OF LIABILITY.
READ IT CAREFULLY BEFORE SIGNING.

1. I understand and accept that the Winthrop University Initiatives Course and Ropes Course exposes me to many risks. Some of the risks which may be present or occur include, but are not limited to:
 - using climbing harnesses, ropes, carabiners, and other climbing equipment
 - objects falling from above including but not limited to ropes, carabiners, other climbing gear, boards, cables, nuts and bolts and other construction materials, cameras, and personal gear, tree branches, other people, etc.:
 - falling from course elements and landing on the ground, or falling against cables, ropes, trees, platforms, beams, other people, etc.:
 - getting tangled in ropes or cables:
 - failure of ropes, cables, bolts, nuts, platforms, beams, boards, harnesses, etc.:
 - injuries inflicted by animals, insects, reptiles or plants:
 - the forces of nature including lightning, weather changes, hypothermia, hyperthermia, sunburn, high winds, and others not named:
 - the physical exertion and stress associated with this outdoor activity
2. This Winthrop University Outdoor Education Center Activity is not a University requirement for students, nor for others. I understand that I will be given the option to freely choose my level of participation and if I choose to participate, I hereby assume the risks associated with this Activity.
3. I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. Furthermore, I hereby consent to treatment, evacuation, anesthesia, and/or operations which might become necessary in the event of a medical emergency while a participant in and relating to OEC activities.
4. IN CONSIDERATION OF AND AS PART PAYMENT FOR THE OPPORTUNITY TO PARTICIPATE IN THIS ACTIVITY, I HAVE AND HEREBY RELEASE AND WILL HOLD HARMLESS WINTHROP UNIVERSITY AND ALL ITS OFFICERS, EMPLOYEES, AND AGENTS, FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, DEBTS, CLAIMS AND DEMANDS OF EVERY KIND AND NATURE WHATSOEVER, AND SPECIFICALLY INCLUDING ANY CLAIM OF NEGLIGENCE OR NEGLIGENT ACTS, WHICH I NOW HAVE OR WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THIS ACTIVITY. THIS RELEASE SHALL NOT INCLUDE CLAIMS BASED ON THE INTENTIONAL, RECKLESS OR WILLFUL MISCONDUCT OF WINTHROP UNIVERSITY OFFICERS, EMPLOYEES, OR AGENTS. THE TERMS HEREOF SHALL SERVE AS A RELEASE, INDEMNIFICATION, AND ASSUMPTION OF RISK FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING ANY MINORS ACCOMPANYING ME.
5. Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any question I have had have been answered to my satisfaction.

Signature: _____ Printed Name: _____ Date: _____

If under 18 years of age:

Signature of Parent/Guardian: _____ Date _____

Medical History Information:

Do you have any health conditions that could effect your program participation or that staff should be aware of?.... Yes___ No___
Specifically do you have: High Blood Pressure(>145/90)Yes___ No___
Unstable cardiovascular or respiratory conditions.....Yes___ No___
Active back or joint problems (recent or recurring injuries).....Yes___ No___
Post-partum (<than 6 weeks since giving birth).....Yes___ No___
Uncontrolled diabetes, epilepsy, asthma, or seizures.....Yes___ No___
Severs allergic reaction to bee stings.....Yes___ No___
Other medical conditions that could be exacerbated by exertion or stress.....Yes___ No___

If yes to any of the above, please provide explanation and details on the back.

Photo release:

I give permission to be photographed and permission for the photograph to be published by Winthrop University OEC for promotional purposes only.

Signature: _____ Date: _____