

# FAU Ropes Challenge Course

Department of Campus Recreation  
Recreation & Fitness Center  
777 Glades Road  
Boca Raton, Florida 33431  
Call: (561) 297-4512 Fax: (561) 297-2421

---

## Release of Liability and Assumption of Risks

### Agreement between Florida Atlantic University, for and on behalf of the Board of Trustees, and:

Printed Name: \_\_\_\_\_

If under 18, Printed Name of Parent or Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

***Notice: By signing this agreement you give up your right to bring legal action or recover compensation or obtain any other remedy for any injury to yourself or your property or for your death, however caused, arising out of your use of the Florida Atlantic University Ropes Challenge Course now or anytime in the future.***

I, the above named person, being 18 years old or older, or the legal parent/guardian of the above named person who is under age 18, in consideration of the services of Florida Atlantic University ("FAU") hereby acknowledge and agree as follows:

1. In consideration for receiving permission for use of the FAU Ropes Challenge Course (herein referred to as the "ACTIVITY"), which is sponsored by Campus Recreation (herein referred to as "SPONSOR"), a component member of Florida Atlantic University, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes SPONSOR, Florida Atlantic University, the Florida Atlantic University Board of Trustees, the State of Florida and the Florida Board of Governors and their respective officers, servants, agents, volunteers, contractors, or employees (herein collectively referred to as "RELEASEES") from and against any and all liabilities, responsibilities, claims, demands, causes of action or injury, including death, that may be sustained by me or others, in any way arising out of or as a result of my participation in such ACTIVITY, or while on the premises owned or leased by RELEASEES or wherever else FAU shall deliver the program, including without limitation those acts or omissions which are negligent. Nothing in this form shall be deemed to affect the rights, privileges and immunities afforded the State of Florida, Florida Atlantic University or its Board of Trustees. I acknowledge the ACTIVITY may be physically strenuous. I know of no medical reason why I should not participate.

***I have read this section, and initial to show that I understand and agree:*** \_\_\_\_\_

2. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to possible physical injury and loss of life and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said ACTIVITY, whether supervised or unsupervised. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney's fees for both the trial and appellate levels that may occur as a result of my participation in said ACTIVITY.

***I have read this section, and initial to show that I understand and agree:*** \_\_\_\_\_

3. The ACTIVITY may include, but is not limited to, cooperative warm-ups, non-traditional group games, spotted and problem-solving activities, climbing and other rigorous physical activity. The Ropes Challenge Course is designed to be safe, with each activity being explained by staff and safety systems being used whenever and wherever appropriate. However, there are risks to the ACTIVITY. The risks include, but are not limited to, loss or damage to personal property, injury or fatality due to inclement weather, slipping, falling, insect or animal bites, falling objects, or suffering any type of accident or illness on the activity site or while traveling to the

ACTIVITY site. I HAVE A PERSONAL DUTY AND RESPONSIBILITY TO LEARN AND FOLLOW THE SAFETY STANDARDS, GUIDELINES, AND PROCEDURES ESTABLISHED BY MY FACILITATORS AND WILL MAKE THEM AWARE AT ANY POINT DURING THE ACTIVITY IN WHICH I QUESTION MY KNOWLEDGE OF THE STANDARDS, GUIDELINES AND PROCEDURES OR MY ABILITY TO PARTICIPATE. I will have choices regarding my participation in the ACTIVITY and I will not be required to participate against my wishes. Some activities will take place at heights up to 40 feet. I understand that I will be encouraged to participate as part of the team building effort, and I also understand that I can withdraw from any activity at any time without penalty or repercussions of any nature.

***I have read this section, and initial to show that I understand and agree:*** \_\_\_\_\_

4. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this ACTIVITY or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

***I have read this section, and initial to show that I understand and agree:*** \_\_\_\_\_

5. I hereby certify that I am at least 18 years of age and am legally competent to sign this release form. If I am under the age of 18, I have had a legal parent/ guardian sign this agreement, along with myself. It is my express intent that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Florida. I understand that this is the entire agreement between myself (or my legal parent/guardian) and FAU and that it cannot be modified or changed in any way by the representations or statements of any employee or agent of FAU or by me (or my legal parent/guardian).

***I have read this section, and initial to show that I understand and agree:*** \_\_\_\_\_

6. I hereby give permission for the name, likeness and biographical material of the participant listed below to be used solely for the purposes of Florida Atlantic University-related promotional material and publications, and I waive any rights of compensation, review or ownership thereto.

***I have read this section, and initial to show that I understand and agree:*** \_\_\_\_\_

I hereby represent that I have read this agreement in its entirety and understand all of the terms and conditions it contains and understand that I am giving up substantial rights by signing it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from this agreement have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

**Participant Signature:** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_  
(If Participant is under 18 years old)

**FAU Ropes Challenge Course  
Participant Medical History**

**I. General Information**

Name: _____	Company/ Organization: _____
Address: _____	City, State, Zip: _____
Date of Birth _____ Gender: Male / Female	Height: _____ Weight: _____ Date of Last physical exam: _____
Cell Phone: _____	Work Phone: _____ Smoker: Yes / No
Do you carry Health Insurance? No / Yes Name of Insurance Company: _____	

**II. Emergency Contact Information**

First / Last Name \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**III. Medical History**

1. Is there any reason why you should not fully participate (include pregnancy and how many months)? Yes / No

Please explain: \_\_\_\_\_

2. Do you currently have, or have you had in the past 5 years, any of the following symptoms or conditions?

Yes No <b>Asthma</b>	Yes No <b>Back, Neck, Knee, Hernia, or Joint problems</b>
Yes No <b>Broken Bones</b>	Yes No <b>Chest Pains, Palpitations, or Heart Murmur</b>
Yes No <b>Diabetes</b>	Yes No <b>Pregnant (Just Current)</b>
Yes No <b>Reoccurring Seizures</b>	Yes No <b>Heart Disease or Attack</b>
Yes No <b>High Blood Pressure</b>	Yes No <b>Stroke</b>

List any illness or condition for which you are undergoing treatment: \_\_\_\_\_

**WE HIGHLY RECOMMEND THAT PARTICIPANTS WITH ASTHMA BRING INHALERS.**

3. Check any of the following current allergies:

\_\_\_ Poison Ivy \_\_\_ Ants \_\_\_ Pollen \_\_\_ Bees \_\_\_ Grass \_\_\_ Specific Medication \_\_\_ Other

If checked, explain allergic reaction for each allergy. Include steps taken to reduce symptoms of an allergic reaction. \_\_\_\_\_

Do you carry your own medication for these allergies? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

4. Are you currently taking prescription medication, or over-the-counter? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name: \_\_\_\_\_ How Often: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ How Often: \_\_\_\_\_ Dosage: \_\_\_\_\_

5. Check and date any of the following heat conditions you've experienced in the past 5 years.

___ Dehydration	___ Date (include year)	Were you hospitalized?	<b>YES NO</b>
___ Heat exhaustion	___ Date (include year)	Were you hospitalized?	<b>YES NO</b>
___ Blacked out	___ Date (include year)	Were you hospitalized?	<b>YES NO</b>

**IV. Signature**

*I am aware of my past and present health and fitness condition when engaging in strenuous activity. I will participate in activities to the level I deem appropriate for myself based on my health. I know of no medical reason why I should not participate in the FAU Ropes Challenge Course; however, should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by present staff members to hospitalize and/or secure proper treatment for me. I understand the rigorous nature of the Ropes Challenge Course and I assume all responsibility, risk and liability pertaining to my physical condition.*

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Printed Name  
Parent or Legal Guardian (if Participant is under 18)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Signature  
Parent or Legal Guardian (if Participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date