

Last name: _____

Session Date: _____

Lehigh University Low Ropes Course



LEHIGH UNIVERSITY ROPES CHALLENGE COURSE

INDEMNITY RELEASE AND WAIVER - Completion required for participation

I am about to participate in the Ropes Course offered by the Community Service Office at Lehigh University (the “Course”). I hereby acknowledge that I am participating in physical and recreational activities with the full realization that they may involve a significant risk of bodily injury, including paralysis or death or damage to property of myself and others. These risks include, but are not limited to, the following:

Physical exertion, such as: lifting, spotting, holding, catching other individuals; using ropes and lifting equipment; light jogging, running, quick movements; climbing; balancing; and stretching exercises.

Environmental hazards, such as: uneven, rough terrain; hot, exposed climate; cold, exposed climate; unpredictable weather; unpredictable conditions (lightning, rain, etc.); unpredictable contact with wildlife; and contact with plants, insects and other naturally occurring phenomenon, often of unknown variety or origin

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries and even death are possible, I hereby expressly assume all of the risks of injury or death that could occur by reason of my participation in the Course.

I agree that, in exchange for and in consideration of the University permitting me to participate in the Course, I hereby assume all the risks associated with the Course, including but not limited to the use of University facilities and equipment and agree to release and hold harmless Lehigh University, its trustees, officers, agents, and employees, from any and all liability, actions, causes of action, negligence, debts, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by or in connection with my participation in any activities related to the Course.

In exchange for and in consideration of the University permitting me to participate in the Course, I agree further to hold harmless and indemnify the University, its trustees, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys’ fees and costs) by any person or the University which may arise by or in connection with my conduct while participating in the Course.

I understand that while participating in the Course, I must follow the instructions and directions provided by University personnel and that I must abide by the policies of Lehigh University. My failure to follow instructions or directions may result in my immediate expulsion from the Course.

I understand that I cannot consume, use or be under the influence of alcohol or consciousness-altering drugs, whether obtained or taken legally or not, while participating in the Course and that my failure to abide by this rule will result in my immediate expulsion from the Course.

I hereby certify that I am physically capable of participating in the Course. Any concerns that I had about my ability to participate in the Course have been answered to my satisfaction by my physician. I hereby authorize Lehigh University to act on my behalf in any medical emergency. _____ (Initial)

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

Signature of Participant: _____ Date: _____

Print Name: _____ Date of Birth: _____

Email of Participant: _____

If participant is under 18 years of age, the participant's parent/guardian's release and authorization (evidenced by their signature below), on their behalf and that of the participant, is required.

Signature of Parent or Guardian Date

Print Name

MULTIMEDIA RELEASE AND AUTHORIZATION - Completion voluntary

I hereby grant permission to Lehigh University ("the University") to video/photograph me for educational, promotional, or any other purposes in connection with my Ropes Course experience and in furtherance of the non-profit missions of the University. I voluntarily consent to and authorize the use, public display, distribution, editing and reproduction by the University, or anyone authorized by the University, of any and all multimedia materials and photographs for and in connection with any of the foregoing purposes. I understand that all such multimedia materials and photographs shall constitute the sole property of the University and I waive any right to inspect or approve the finished product.

I hereby release Lehigh University from any and all claims and demands arising out of or in connection with such multimedia materials and photographs.

I have read and fully understand this Release and Authorization.

Signature of Participant: _____ Date: _____

If participant is under 18 years of age, the participant's parent/guardian's release and authorization (evidenced by their signature below), on their behalf and that of the participant, is required.

Signature of Parent or Guardian Date