



Team Challenge /Alpine Tower course (aka Summit Course) Acknowledgment of Risk and Release of Liability

Acknowledgment of Risk

The risks involved in Team Challenge courses at the University of Missouri include, but are not limited to:

- All manner of injury resulting from falling off both permanent and portable initiative structures.
- Cuts and abrasions resulting from skin contact with permanent and portable structures, the ground, or other participants.
- Muscular-skeletal injuries including pulled muscles, dislocations, broken bones, strains, and sprains.
- All manner of injury resulting from environmental factors including sunburn, heat stroke, heat exhaustion, hypothermia, headaches, insect bites, and animal bites.

The risks involved in climbing or rappelling at the University of Missouri outdoor climbing wall and Alpine Tower include, but are not limited to:

- All manner of injury resulting from falling off the climbing wall or Alpine Tower and hitting rock holds and projections whether permanently or temporarily in place, or the ground.
- Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall or Alpine Tower such as, but not limited to, climbing, belaying, lowering on a rope, and any other rope techniques.
- Injuries resulting from falling climbers or dropped items, such as, but not limited to, ropes, climbing hardware, and dropped or broken holds.
- Cuts and abrasions resulting from skin contact with the climbing wall or Alpine Tower.
- Failure of ropes, slings, bolts, cables, climbing hardware, anchor points, or any part of the climbing wall or Alpine Tower structures.

Release of Liability

- I understand and acknowledge that the activity (program) I am about to voluntarily engage in bears certain known and unanticipated risks which could result in injury, death, illness, disease, emotional or physical distress, damage to myself, property or to third parties.
- I expressly agree and promise to accept and assume all of the risks existing in this activity (program). My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate in spite of the risks.
- I waive my right to make a claim or file a lawsuit against the University of Missouri if anyone is hurt or any property is damaged during my participation in and travel to and from this activity (program).
- I certify that I am in good health and that I have health, accident and liability insurance to cover any bodily injury or property damage I may cause or suffer while participating in this activity or else I agree to bear the costs of such injury or damage to myself.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the Curators of the University of Missouri from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity (program).

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my legal rights. I agree to be bound by its terms.

Signature of Participant: _____ Date: _____

Print Name: _____

IF USER IS UNDER THE AGE OF 18 YEARS OLD: PARENT/LEGAL GUARDIAN MUST CONSENT: I as parent or legal guardian of the above minor under the age of 18 years, hereby give my consent to the terms and conditions set forth in this release form.

Parent / Legal guardian Signature _____ Date: _____



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Medical Questionnaire

Group Name: _____ Date of course: _____

PERSONAL INFORMATION:

Name: _____ Age: _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (work)

MEDICAL INFORMATION:

National standards for challenge course programming require the following participant information. The information is confidential. Please circle the relevant answer and specify if there is a need to elaborate.

1. Do you have any pre-existing injuries (ankle, back, knees, neck, etc.) that might be aggravated by the event? YES NO
If yes, please specify.
2. Are you currently on medication? YES NO
If yes, please specify _____
3. Do you have a heart condition or problem? YES NO
4. Is there a history of heart problems in your family? YES NO
5. Are you pregnant? YES NO
6. Do you have high blood pressure? YES NO
7. Are you a diabetic? YES NO
8. Are you allergic to bee stings or to certain foods? YES NO
9. Are you presently under psychiatric care? YES NO
10. Do you have a physical disability? YES NO
11. Do you have any allergies? If yes, please specify _____ YES NO
12. Has there been any pressure or coercion from an employer or others to participate? YES NO
13. How would you rate your current level of fitness? Circle a category: **Excellent Above-average Average Poor**

In case of emergency, contact: _____ Relationship to the participant: _____

Phone number where the emergency contact person can be reached **at time of participation:** _____

Physician: _____ Phone: _____

INSURANCE INFORMATION:

Name of Insurance Company: _____ Policy Number: _____

I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during these events.

Signature: _____ Date: _____