

# Adventure Program Release (Adult)



Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

## PERMISSION TO PARTICIPATE IN ADVENTURE PROGRAM ACTIVITY:

In consideration of being allowed to participate in an adventure program activity conducted by Clemson University Youth Learning Institute (CUYLI), I the undersigned, acknowledge and agree to the following:

1. I am an adult, 18 years of age or older.
2. I fully understand there are inherent risks involved with adventure activities such as ropes courses (low and high elements), climbing walls, and zip lines. These risks are significant and include the risk of physical injury, emotional distress, and death from falling, drowning, disease, exposure, contact with wild creatures (i.e., snakes, alligators, bugs, etc.), injury from equipment, and the actions of other participants.
3. I voluntarily assume full responsibility and liability for any risk of loss, property damage, or personal injury, including death, which may be sustained by me as a result of my participation and expressly agree that Clemson University, its employees, agents, and representatives shall not be liable for damage to or for the loss of any personal property.
4. I agree to comply with CUYLI site use rules and regulations.
5. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees, and representatives from all claims, demands, liabilities, rights, and causes of action that are related to the inherent risks associated with the activities listed above and that may result from or occur during my participation in this adventure program. I also agree to indemnify and hold harmless the university for any loss, liability, damage, or costs, including court costs and attorney's fees that may occur as a result of my negligent or intentional act or omission while participating in this adventure program.

## HEALTH INFORMATION:

Please list any health information such as allergies, heart condition, recent surgery, or other physical restrictions that the CUYLI staff may need to know. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I CONSENT TO THE PARTICIPANT TAKING PART IN THE ACTIVITY(S) DESCRIBED.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_