

# Adventure Program Release (Youth)



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

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

## PERMISSION TO PARTICIPATE IN ADVENTURE PROGRAM ACTIVITY:

As a parent/guardian of the above-named participant, I understand that my child will be participating in an adventure program conducted in an outdoor environment. I fully recognized and understand that there are inherent risks involved with these activities, which include, but are not limited to, rope courses (low, high, and portable low), rock climbing, climbing walls, and zip lines. I choose to voluntarily allow my child to participate in this adventure program with full knowledge that said activities may be hazardous.

1. I fully recognize and understand that there are inherent risks involved with adventure activities. 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.

2. I voluntarily assume full responsibility and liability for any risk of loss, property damage, or personal injury, including death, which may be sustained by my child as a result of their 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.

3. I do hereby consent and agree to allow CULI the use of my child's image or likeness in photographs, videos, or audio for educational or promotional purposes, including posting on the internet. I agree that the use herein may be without compensation to me or my child.

4. 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 CULI 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.

Parent/Guardian 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: \_\_\_\_\_