

UNIVERSITY OF WISCONSIN - LA CROSSE
ADVENTURE PROGRAMS - CLIMBING WALL AND CHALLENGE COURSE
PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, agents and employees, and the UW-La Adventure Program, (hereinafter collectively referred to as "UWL.AP"), I hereby agree to release and discharge the UWL.AP, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that climbing on a climbing wall or challenge course entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: climbing on, or falling off, loose and/or damaged artificial holds, the artificial climbing structures, falling to the ground, on other users, or being fallen on by other users, abrasions from the walls, ropes, pads, or the floor, equipment failure, belay failure, or climbing out of control or beyond ones personal limits, the negligence of other climbers, visitors, participants, or other persons who may be present, or my own negligence.

Furthermore, UWL.AP employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. Belayers may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless UWL.AP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of UWL.AP's equipment or facilities, including any such claims which allege negligent acts or omissions of UWL.AP.
4. Should UWL.AP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
6. I agree to grant UWL.AP authority to act in any attempt to safeguard and preserve my health or safety during my participation in this activity, including authorizing medical treatment on my behalf and at my expense.
7. I agree to conform to all applicable policies, rules, regulations and standards of conduct established by UWL.AP.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against UWL.AP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Check one: UWL Non UWL

Check one: 18 years of age or older Under 18 years of age (Parent/Guardian consent required)

Print Name: [_____]

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

Phone: _____ Date: _____ Birth Date: _____ Age: _____

PARENTS OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)("Minor") being permitted by UWL.AP to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless UWL.AP from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. ***AN ADULT SIGNING THIS WAIVER FOR A MINOR IS AGREEING TO INDEMNIFY UWL.AP ON BEHALF OF THE CHILD PARTICIPANT, EVEN IF THE ADULT MAY NOT BE THE GUARDIAN OR LEGAL GUARDIAN OF THE CHILD PARTICIPANT.***

Signature of Parent or Guardian: _____ Date: _____

Print Name: [_____]

PHOTO/MEDIA RELEASE (Must be completed by parent for participants under the age of 18)

I grant to UWL.AP the right to use, reproduce, assign and/or distribute photographs, films, and videotapes of myself or on the behalf of minor for use in materials they may create.

Signature of Participant (18 years or older): _____ Date: _____

Signature (Parent/Guardian if under 18 years old): _____ Date: _____

STATEMENT OF HEALTH FORM
UW-LA CROSSE ADVENTURE PROGRAMS

All participants must complete and sign Statement of Health Form prior to participation.

NAME: _____

AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

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ADDRESS: _____ PHONE: _____

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CITY: _____ STATE: _____ ZIP: _____

DOCTOR'S NAME: _____ PHONE: _____

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EMERGENCY CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HEALTH HISTORY (describe condition/treatment where possible): _____

ALLERGIES (insect stings, drugs, etc.): _____

CONDITIONS REQUIRING REGULAR MEDICATION (diabetes, epilepsy, etc.): _____

RECENT INJURIES, ILLNESSES, OPERATIONS: _____

OTHER PHYSICAL DISABILITIES OR CHRONIC OR PHYSICAL CONDITIONS: (heart or
back problems, pregnant, high blood pressure, etc.): _____

EMOTIONAL OR BEHAVIORAL DISORDERS (phobias, etc.): _____

I, the applicant (parent or guardian of minor applicant), assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The UWL ADVENTURE PROGRAMS will be notified of any changes in the applicant's health status prior to participation. I declare the statements on this form to be true.

Signature of Participant (18 years or older): _____ Date: _____

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Signature (Parent/Guardian if under 18 years old):_____ Date:_____

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