

***R.O.P.E.S. PROGRAM GOALS FORM:***

The more we know about your group, the better equipped we will be to design a program and choose activities that address your group's purpose for participating. Please be specific when filling out this form. Feel free to use the reverse side if more space is needed, or call the office if you have any questions (587-3148).

Your name:

Group Name:

Number of participants:

Program date:

Scheduled time:

Background:

Please tell us about the nature of your group: how long has the group been together; what is their mission; what dynamics exist within the group that may have an impact on its experience?

Prior Experience:

Please describe any group or experiential activities this group may have done prior to coming to the course.

Goals:

What do you wish to accomplish with your group through a R.O.P.E.S. program? This information will help us plan activities that match the needs of your group. Topics of focus might include: communication, team building, empowerment, problem-solving, quality improvement, individual and group responsibilities, cooperation, trust, self-awareness, incorporation of specific training topics, skill building, among others.

Special Requests:

Please explain any special requests your group may have. (For example, list specific activities or exercises that you would like to do, ways you would like the group split into smaller groups, etc). Is there anyone with special needs?

**UNI R.O.P.E.S. Program  
501 Chipeta Way  
Salt Lake City, UT 84108  
Phone: (801) 587-3148  
Fax: (801) 582-8471**

UNIVERSITY OF UTAH  
Neuropsychiatric Institute ROPES Program

IMPORTANT: THIS IS A LEGAL DOCUMENT,  
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.

ASSUMPTION OF RISK, WAIVER OF  
LIABILITY AND INDEMNIFICATION AGREEMENT

**This Agreement must be completed in order to participate in the activities associated with the University of Utah challenge course.**

Participant (print full name): \_\_\_\_\_

I, the undersigned, am either the Participant named above or the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above. I am familiar with the curriculum and the activities which take place in the above named course.

**TERMS AND CONDITIONS**

I will participate or authorize the Participant to participate in the above program at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks, difficult or uncomfortable conditions, risks of falling, equipment failure, and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. Participant or guardian/parent freely and voluntarily participates or allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

**WAIVER, RELEASE AND INDEMNIFICATION**

Participant or Guardian/Parent of Participant understands and acknowledge that the University of Utah ("University") is not an insurer of Participant's behavior, actions or participation in the program, and that the University assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Participant or Guardian/Parent of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

(OVER)

Participant does not have any medical conditions that would prevent participation in course Program.

Participant has adequate health insurance to cover the costs of treatment in the event of any injury.

Participant shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

\_\_\_\_\_ I am signing this Agreement for myself as Participant. I acknowledge that I am eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_ I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

\_\_\_\_\_  
Signature of Legal Guardian and/or Parent of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (under 18)

\_\_\_\_\_  
Date

UNIVERSITY OF UTAH  
Neuropsychiatric Institute ROPES Program  
**MEDICAL DISCLOSURE/ HEALTH FORM**

*We require that this form be filled out in full*

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

*In case of an emergency, please notify:*

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician name: \_\_\_\_\_ Physician phone: \_\_\_\_\_

Medical Policy and number: \_\_\_\_\_

1. Do you smoke? Number of packs per day \_\_\_\_\_ YES NO
2. Do you wear glasses or contacts? YES NO
3. Are you currently under a physicians care? YES NO  
If yes, please explain: \_\_\_\_\_
4. Are you allergic to bee stings? YES NO  
If yes, do you carry a bee sting kit? YES NO
5. Do you have any allergies? YES NO  
If yes, please explain: \_\_\_\_\_
6. Have you had a recent injury, illness, or operation? YES NO  
If yes, please explain: \_\_\_\_\_
7. Do you have diabetes, seizures, frequent fainting/ dizziness? YES NO  
If yes, please explain: \_\_\_\_\_  
Are you on medication for any of the above? YES NO
8. Do you have any neck, back, or shoulder pain or injury? YES NO  
If yes, please explain: \_\_\_\_\_
9. Does your weight present health problems or limit physical activities? YES NO  
Please explain: \_\_\_\_\_
10. Do you have a history of heart problems or high blood pressure? YES NO  
Please explain: \_\_\_\_\_  
Are you taking medication for heart and or blood pressure? YES NO
11. Are you currently taking medication not mentioned above? YES NO  
If yes, please explain: \_\_\_\_\_
12. Do you require special assistance of any type? YES NO  
If yes, please explain: \_\_\_\_\_

Doctors' orders are required to participate in activities for participants who answered yes to 3, 6, 8, and 10.

Participant's

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

## DIRECTIONS TO U.N.I. ROPES COURSE

501 Chipeta Way

University of Utah Research Park

From south of the University of Utah ....

**From 215 take Foothill Drive to 800 S, also called Sunnyside.**

Turn Right on Sunnyside.

**Turn Left at first light onto Arapeen Drive.**

**Make a right onto Chipeta Way.**

**The road will curve to the left as you progress up the hill.**

**The hospital will be directly in front of you. Follow this road and turn at second right (just before the Fort Douglas cemetery).**

**The parking area is the next right, park in the visitor parking area which is marked by orange curbs.**

**The course is on the hill behind/east of the hospital.**

From Downtown.....

**Take 400 S. and travel east to Foothill.**

**Turn Left onto Wakara Way. You will see signs for U.N.I and Red Butte Gardens.**

**Turn Right onto Chipeta Way.**

**Turn Left after the Fort Douglas cemetery, the hospital is on the right.**

**The parking area is the next right, park in the visitor parking area which is marked by orange curbs.**

**The course is on the hill behind/east of the hospital.**

☺**Please come back and meet us on the course**

If you have difficulty finding the course call the  
UNI front desk at 583-2500.

## Preparing for a day with the UNI R.O.P.E.S. Program

As you prepare for your time on the ROPES course please be aware that we plan to be outside. Dressing in layers and anticipating the weather will add to your comfort and enjoyment. Please dress to be active in clothes and shoes that are comfortable and durable. Sun, wind, rain, heat, or cold can all be part of a day on the course – please be prepared.

### **What to wear:**

Shoes: closed-toed with rubber soles. Tennis shoes are great!

Loose, casual, comfortable clothing that covers you and lets you move. T-shirts, longer shorts, and or long pants are all good choices depending on the weather and you.

Layer clothing for the weather and bring rain gear if it looks like rain.

### **What to bring:**

Water bottle

Sunscreen

Hat

Bee sting kit (if you are allergic to bees), inhalers

### **What to leave at home or in the car:**

Jewelry and valuables – please remove jewelry before arriving at the course.

Rings, earrings and necklaces can be broken and or pose a hazard to you or a peer.

Gum or candy