



University Neuropsychiatric Institute
UNI ROPES Challenge Course
501 Chipeta Way
Salt Lake City, UT 84108
ropes@hsc.utah.edu
801.587.3148

RELEASE FORM

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

Participant (print full name): _____

Date of ROPES Group: _____ Name of ROPES Group: _____

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.

MEDICAL DISCLOSURE/HEALTH FORM

We require that this form be filled out in full

Age: _____ Email: _____ Address: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Physician name: _____ Phone: _____ Medical Policy: _____

- YES NO 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 physician's care? Please explain: _____
YES NO 4. Are you allergic to bee stings? If yes, do you carry a bee sting kit? YES NO
YES NO 5. Do you have any allergies? Please explain: _____
YES NO 6. Have you had a recent injury, illness, or operation? Please explain: _____
YES NO 7. Do you have diabetes, seizures, frequent fainting/dizziness? Please explain: _____
Are you on medication for any of the above? YES NO
YES NO 8. Do you have any neck, back, or shoulder pain or injury? Please explain: _____
YES NO 9. Does your weight present health problems or limit physical activities? Please explain: _____
YES NO 10. Do you have a history of heart problems or high blood pressure? Please explain: _____
Are you taking medication for heart and or blood pressure? YES NO
YES NO 11. Are you currently taking medication not mentioned above? Please explain: _____
YES NO 12. Do you require special assistance of any type? Please explain: _____

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

PHOTO RELEASE

The undersigned hereby authorizes the University Neuropsychiatric Institute to take photographs during a ROPES Course. I consent to the use of the photographs for UNI ROPES Course marketing purposes. My name or other identifying information shall not be disclosed at any time.

This consent shall act to expressly release from liability this University and its components parts as well as its officers, agents, employees and consultants. The meaning and purpose of this consent has been fully explained to me.

YES NO

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 Health UNI ROPES Challenge 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. I understand that my safety depends largely upon my ability to carry out simple instructions.

WAIVER, RELEASE AND INDEMNIFICATION

Participant or Guardian/Parent of Participant understands and acknowledge that the University of Utah ("University"), the State of Utah and all of their respective officers, employees and agents (collectively, the "Releasees") are not insurers of Participant's behavior, actions or participation in the Program, and that the Releasees assume 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 each of 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 of 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. 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 or older 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 or Parent of Participant: _____ Date: _____

Signature of Participant (under 18): _____ Date: _____