Instructions: Please read this form carefully. Each participant or their parent must sign this acknowledgement of risk form before the programs begins. Without all required signatures, individual will not be permitted to participate in the program.

I understand that my child or legal charge’s participation in the adventure activities at USF Riverfront Park is based on the philosophy of “challenge by choice”. Challenge by Choice means that their participation in any activity is purely voluntary; each minor should pick the level of adventure they wish to participate in. I am aware that the activities (games, hiking, camping, high ropes course, low ropes course, group initiatives and/or canoeing) my dependent will participate in at USF Riverfront Park entails risk of injury or loss of life. Some of the risks are listed below:

- Strains, sprains, broken bones, muscle fatigue or over extension.
- Asphyxiation, permanent brain damage, drowning, animal or snake attacks
- Rope Burns, lacerations, and splinters
- Damage to neck, spinal cord, or back that may lead to permanent pain, discomfort or paralysis
- Head trauma from hitting poles or falling objects
- Psychological strain, pressure from being in a high place
- Disablement, paralysis or Death

Acceptance of Risk and Responsibility
I am aware that this event or activity entails risk of injury to my dependent, to spectators and to third parties. I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness, disease or any damage to myself or to my property arising from my participation on this outdoor recreation trip. I decide to allow my child/dependent/legal charge to participate in these activities in spite of the above stated risks.

Release and Discharge of Liability
I, the undersigned hereby acknowledge that I have read the assumption of risk statement and fully understand there are certain elements of danger inherent in ropes courses which are beyond the control of the instructors, staff, agents, officers and employees of University of South Florida (hereafter referred to as USF) and participating in ropes courses entails unavoidable risks such as damage to property, personal injury, severe injury and even loss of life (death).

In consideration of USF furnishing services to enable my dependent to participate in the ropes/challenge course, I hereby assume all risk of injury or loss of life to myself, my dependent or damage to property arising out of their participation in this activity, including hazards associated with any defect in a manufacture’s product. I hereby specifically and voluntarily release USF from any and all liability, including negligence (active or passive), demands or actions as to any right of action or claim to relief which may accrue to me as a result of participation on the ropes course or in anything connected or to arise from this trip.
I further agree, promise and covenant to hold harmless and indemnify USF and Campus Recreation from all litigation costs, including attorney fees, or from any costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to spectators or third parties in the course of my participation in this event.

I further understand USF carries no medical insurance for the protection of participants in outdoor recreation activities, and any insurance coverage existing for the protection of participants in outdoor recreation activities, and any insurance coverage existing with respect to USF shall not alter the terms of this waiver nor impose any liability on USF.

I hereby grant USF the right to use, for promotional purposes, any photographs taken by staff or participants of my dependent during participation of recreational activities at Riverfront Park and its challenge course.

Acknowledgement of Effect of Release
I understand and acknowledge that by signing this release I have agreed not to assert legal claims, which I might otherwise possibly assert to maintain against USF or Campus Recreation, based on my dependent’s participation in this activity. I also understand and acknowledge that by signing this release I assume full responsibility and legal liability for the claims or other legal demands, including litigation costs, which may be asserted by spectator or other third parties against me as a result of my dependent’s participation in this event.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

<table>
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<tr>
<th>Signature</th>
<th>Printed Name</th>
<th>Date</th>
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Minor Form
Representation of Physical Condition

We do not review your health information to determine if you (or your child) are in good enough health to participate in the adventure activity. Adventure activities often require vigorous exercise. Instead it is your responsibility as parent or guardians to determine if your dependent is fit and in good enough health to participate in this challenge. We are not doctors so we cannot give medical opinions. If you are in doubt seek out the advice of your doctor we will be glad to discuss the activities with your doctor. The information below is included so that if your child were taken to a hospital in an emergency it would benefit the doctors and the nurses. Anything else you would like us to know in order to attend to your child better should an emergency arise please let us know (examples: allergic to bees, diabetic).

Participant Full Name

Medical Insurance Company: Policy Number

Person to be contacted in case of emergency: phone

Physician’s Name and Number

Known Allergies (medicine, plants, insects, etc)  What happens if exposed?

Current Medications and prescriptions your child is currently taking:

Past or present injuries, illnesses, or operations that could affect your child’s performance in this course or treatment necessitated by injury at the course; specifically including, but not limited to: heart disease, high blood pressure, respiratory ailments and/or diseases that can be transmitted via blood:

Other conditions which could limit your child’s participation or through recovery:

Does your child use an inhaler? Yes No

Does your child carry an epi pen Yes No

***If you answered yes to the above question your child must have their inhaler &/or epi pen with them they day of the event or they will not be permitted to participated in any of the activities.
Agreement to Participate
To be read and signed by all minors.

I understand that my participation in the Challenge Course at Riverfront Park is voluntarily. I will not be made to do anything I do not feel comfortable doing. I will however be challenged to step outside my existing comfort zones.

I agree to the following conditions set forth so that I may participate in the Challenge Course:

- I will obey all directions given by the Ropes Course staff. I will talk at times when it is appropriate.

- I will adhere to the Challenge by Choice guidelines. I will not make fun of or put down anyone for their ability or inability to participate in the activities.

- I understand that if I choose to not listen to or follow the rules, other or myself may be seriously injured.

- I understand there is a NO TOLERANCE POLICY concerning violence or misbehavior. All participants who will not listen or follow the rules will immediately be sat out and not allowed to participate for the rest of the day.

- I agree to try my best and support the people around me while I am on the ropes course and while we are playing games.

- I will not touch any of the ropes course equipment unless one of the instructors direct me to.

- I agree to respect other people, the environment, all equipment, and myself.

I have read the above conditions and rules. I fully understand all of them. I agree to follow all of the statements written above. I understand that if I fail to follow any of these I will not be allowed to participate in the challenge course and my parents may be called.

Printed Name

Signature

Date