Riverfront Park Adventure Experience
Acknowledgement of Risk and Release

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

I understand that my participation in the adventure activities at USF Riverfront Park is based on the philosophy of “Challenge By Choice”. Challenge by Choice means that my participation in any activity is purely voluntary; each individual 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) I may participate in at USF Riverfront Park entail risk of injury or loss of life. There are risks known and unknown. Some of the risks are listed below:

- Strains, sprains, broken bones, muscle fatigue or over extension.
- Asphyxiation, permanent brain damage
- Faulty Equipment despite proper care and maintenance
- 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 myself, 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 in this challenge course experience. I decide to participate in these activities in spite of the risks.

I am signing to signify that USF Campus Recreation made known to me the risks of participating on the challenge course. I understand and comprehend these risks. I am deciding to participate despite these risks.

________________________________________________________________________
Signature

________________________________________________________________________
Date

Please Print:

Last Name: ______________________________

First Name: ______________________________
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 the Adventure Activities at USF Riverfront Park including the Ropes Course and Canoeing 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 the challenge course 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 me to participate in the Ropes Course or other Riverfront Park Activity, I hereby assume all risk of injury or loss of life to loss and myself or damage to property arising out of my participation in this activity, including hazards associated with any defect in a manufacturer’s product. I hereby specifically and voluntarily release USF and the Ropes Instructors 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 and Adventure Experience or in anything connected or to arise from this workshop.

I further agree, promise and covenant to hold harmless and indemnify USF, Outdoor Recreation Facilitators 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 during my participation on their recreation activities or challenge course.

Acknowledgement of Effect of Release

I understand and acknowledge that by signing this release I have agreed not to assert legal claims that I might otherwise assert to maintain against USF or Campus Recreation or its employees based on my 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 participation on 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.

Signature  
Printed Name  
Date
Representation of Physical Condition

We do NOT review your health information to determine if you are in good enough health to participate in this trip. Instead it is your responsibility to determine if you are fit and in good enough health to participate in the challenge course. Adventure activities often require vigorous exercise. We are not doctors so we cannot give medical opinions. If you are in doubt seek out the advice of your doctor. The information below is included for an emergency situation. If there is information, which would benefit first aid givers, the Riverfront Park Staff, doctors and nurses or anything else you would like use to know in order to attend to you better let us know (examples: allergic to bees, diabetic, bad knees, etc). If you have any question please ask the ropes course staff.

<table>
<thead>
<tr>
<th>Medical Insurance Company:</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person to be contacted in case of emergency:</td>
<td>phone</td>
</tr>
</tbody>
</table>

Your physician’s Name and Number

Known Allergies (medicine, plants, insects, etc)

Do you carry an epi pen? Yes No

Current Medications and prescriptions you are currently taking:

Injuries, illnesses or operations that could affect your 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 participation or thorough recovery: Please include any orthopedic concerns.