PARTICIPATION AGREEMENT AND INFORMED CONSENT

The undersigned Applicant wishes to be accepted for participation in a **Rogers State University Challenge Course** program to be organized by:

_____

(**Organizing Agency or Group**)

In consideration of **Rogers State University's** action in allowing the Applicant to participate in such course, the undersigned acknowledges that the course will necessarily involve participation in exercises, which are, by nature, physically demanding and will subject the Applicant to stress, anxiety and possible hazards, not all of which can be foreseen. It is fully understood that the Applicant will be climbing and walking on cables, logs, ladders, walls and beams; at times, thirty feet above the ground. Reasonable precautions will be taken to protect the Applicant.

The undersigned assumes all of the ordinary risks normally incidental to the nature of the program including risks, which are not specifically foreseeable.

The undersigned assures RSU that there are no health-related reasons or problems which preclude or restrict the Applicant's participation in these activities.

The undersigned hereby releases any and all rights or claims for damages against **Rogers State University**, its faculty, agents and all individuals assisting in instructing and conducting these activities, from all liability of any nature, for any and all injuries, loss or damage suffered by Applicant at or in any way connected with these injuries.

Media Release: The Undersigned Applicant hereby releases the use of any photographs or video footage taken on the Course to be used as needed for publicity of the RSU Hilltop Challenge program.

Medical Release: Do any of the following medical conditions apply to the undersigned? (Please explain if answering yes to any question)

Heart Condition	No _____	Yes _____
Back or Neck Injuries	No _____	Yes _____
Allergic Reactions	No _____	Yes _____
Knee, Bone or Joint Injuries	No _____	Yes _____
Epilepsy or Seizures	No _____	Yes _____
Recent Surgeries	No _____	Yes _____
Asthma	No _____	Yes _____

*If yes is answered to any of the above conditions, the Applicant should consult with a physician before participating in challenge course activities.

Medical Treatment Release: In the event of an emergency, I do hereby authorize an x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist and any hospital service that might be rendered under the general, specific or special consent of the Challenge Course staff.

Executed This _____ Day Of _____, _____

Applicant (Print) _____ Age _____

Signature _____ Witness _____

Parent or Guardian _____
(If Applicant is under 18 years of age)

PLEASE MAKE COPIES AS NEEDED