GARDNER-WEBB UNIVERSITY BROYHILL ADVENTURE COURSE AND TUCKER CENTER CLIMBING WALL ASSUMPTION OF RISK AND WAIVER OF LIABILITY

CAUTION! BY SIGNING THIS FORM YOU ARE GIVING UP POTENTIALLY VALUABLE LEGAL RIGHTS

This form is intended to assist participants, and the parents/guardians of participants under the age of 18, in making an informed decision about whether to use the Gardner-Webb Broyhill Adventure Course and/or the climbing wall in the Tucker Student Center (both are referred to as "the Activity"). You must answer the questions on this form completely and honestly. Staff may ask you questions about the information you provide on this form and/or additional questions about the participant's skill level, prior experience, health, etc. By signing below you are certifying that all the information you are providing is true and complete. You also agree that staff have the right to decide whether the participant may engage in the Activity and that staff may terminate or limit participation at any time. Anyone requiring an accommodation to participate should contact the Noel Center for Disability Support Services (704) 406-4271.

Personal Information of Participant

Freshman _____ Sophomore _____Junior _____Senior _____Grad Student _____Fac/Staff _____Other: _____

Name: _____ Date of Birth: _____

ID #: _____Email: _____ Phone: _____

Address: _____

Age: _____ Height: _____ Weight: _____

Health and Fitness Information:
The participant has the following medical conditions that may adversely impact their ability to safely engage in the Activity (examples include diabetes, asthma, epilepsy, allergies) PLEASE LIST:

_____

_____

Does the participant carry an epi pen: Yes _____   No _____

By signing below, I certify that the participant is sufficiently physically and mentally fit to safely engage in the Activity. I agree that staff may summon medical, rescue or evacuation assistance as they determine is necessary if the participant is injured or incapacitated. I agree that I am responsible for all medical and other expenses incurred in connection with participation in the Activity.

I am assuming all risks of bodily Injury and property damage: I am aware of and understand that the Activity is physically demanding and potentially dangerous. Potential injuries and outcomes include but are not limited to strained muscles, sprains, cuts, abrasions, broken bones, mental trauma, injury from falling from great heights, disability, paralysis, and even death. After due consideration of the risks involved, the participant's physical health, physical abilities, and medical conditions, I voluntarily and knowingly assume all these risks, on behalf of myself or on behalf of my underage participant, as applicable.

I am waiving and releasing all claims of liability: In consideration of allowing me/the underage participant to engage in the Activity, I hereby waive, release and agree to indemnify and hold harmless Gardner-Webb University and its employees, agents, students, and volunteers from all claims, damages and liability for personal and mental injury and property damage arising directly or indirectly from my/the underage participant's involvement or participation in the Activities, even to the extent that these claims and/or damages were caused, in whole or in part, by the negligence of Gardner-Webb University, its employees, agents, students or volunteers.

Photo release. In consideration of allowing the participant to engage in the Activity, I give Gardner-Webb University permission to utilize any photographs, audio or video that may be taken of the participant during the Activity for promotional use and free of charge.

Signature and Certification: I hereby certify that I have read and understood this document, that all the information I have provided is true and complete, and that I knowingly and voluntarily sign below. My signature constitutes my acceptance and agreement to all the terms and conditions in this document.

Signature of Participant   **Print Name**   **Date**

If the participant is under 18 years of age, their parent or guardian must also sign below:

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____

Date: _____