

**ADVENTURE WV – WEST VIRGINIA UNIVERSITY
ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF RESPONSIBILITY**

I understand that, during my participation on an Adventure WV program, I will be exposed to above normal risks. Although Adventure WV has taken precautions to provide proper organization, supervision, instruction and equipment for each trip, it is impossible for the Adventure WV program to guarantee absolute safety. I acknowledge that all risks cannot be eliminated without destroying the purpose and character of the trip or seminar. Also, I understand that I share the responsibility for safety on the trip and I assume that responsibility. I agree to comply with the instructions and directions of the Adventure WV staff members during the trip. The following describes some, but not all of the risks:

- WVU Adventure WV programs take place out of doors, where participants are subject to environmental and other risks. Activities include hiking and backpacking, camping, rock climbing, initiatives, challenge course, zip line, caving, and whitewater boating.
- Activities take place in remote places, far from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care can be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use. Meals are prepared on gas stoves or fires. Water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling timber.
- Travel is by vehicle, raft, on foot and by other means, over rugged unpredictable off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, steep slopes, slippery rocks. Risks include collision, falling, capsizing, drowning and others usually associated with such travel.
- Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

I am aware that Adventure WV activities include risks of my injury or death. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with knowledge of the inherent risks.

I have no physical or psychological problems that would prohibit my participation in the trip. I further understand that West Virginia University will not provide medical or other insurance coverage for this trip. If I must evacuate for any reason, I understand I am personally responsible for all medical/evacuation fees and that I will not receive a refund of the trip fee. (Participant must provide a copy of their medical insurance card prior to participation).

In consideration for the opportunity to participate in the activity and to the extent allowed by law, I release West Virginia University and its employees, agents, and volunteers, and waive all claims for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

Participant's Name (Please Print): _____

Student Signature: _____ **Date:** _____

I (we) acknowledge that there can be no guarantee of absolute safety against risks and unforeseen accident, as detailed above, that West Virginia University will not provide medical or other insurance coverage for this trip, and consent to the participation of the above named individual with the Adventure WV program.

Parent/Guardian Name (If participant is under 18 yrs of age - Please print): _____

Parent/Guardian Signature: _____ **Date:** _____

ADVENTURE WV – WEST VIRGINIA UNIVERSITY
Participant Information Form
Program Name:

ORIENTATION TRIPS ONLY:
Trip Model & #:

- Please write *legibly* and in *pen*.
- Please answer the following questions honestly and accurately. This information will be kept confidential.
- Our goal is to provide you with the best experience possible, making accommodations where needed.
- Please contact us for questions or concerns about any of the following items.
- *Please notify us of any changes that happen between completing this form and the start of your program.*

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____
WVU ID#: _____ Height: _____ Weight: _____ Gender: _____
Date of Birth: ____/____/____ Age: _____ Dorm Name & Room #: _____
Street Address: _____ City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
How did you hear about Adventure WV? _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____ Relationship: _____
Cell Phone: _____ Home: _____ Work: _____ Email: _____
Emergency Contact #2: _____ Relationship: _____
Cell Phone: _____ Home: _____ Work: _____ Email: _____

INSURANCE INFORMATION

Each participant is responsible for medical expenses. A copy of your current medical insurance card should be brought along with you on the program.

Name of Insurance Company: _____ Insurance Co. Phone: _____
Group #: _____ Name on Insurance Card: _____

ALLERGY INFORMATION

Do you have any ALLERGIES? _____ YES _____ NO
If YES, do you carry epinephrine, such as an Epi-Pen? _____ YES _____ NO
If YES, Have you ever been hospitalized for these allergies? _____ YES _____ NO

Describe your allergies, including severity and other pertinent information: _____

SUBMIT THIS FORM TO OUR OFFICE BY MAIL, FAX, OR EMAIL

DIETARY INFORMATION

Please mark dietary restrictions, needs, and requests here. If it is not listed on this form, we cannot accommodate it.

Do you have any DIETARY RESTRICTIONS (i.e. vegetarian, lactose-intolerant, etc.)? YES NO

Describe your dietary restrictions, including foods avoided and other pertinent information: _____

OTHER PERTINENT HEALTH INFORMATION

Please list any other pertinent health information that may affect your ability to participate in this program, including recent injuries, pre-existing health conditions, etc.:

MEDICATIONS

If you are taking any medication that may be required during the program, you must bring all of those with you.

If you do not have them, you may not be allowed to participate in the program.

Please list all medications, if not taken, that may affect your ability to participate in the program: _____

OTHER

If you regularly use any brace, orthotic, or other device, please bring this device with you.

If you do not have them, you may not be allowed to participate in the program.

Please list any brace, orthotic, or other device that you use regularly: _____

VISION/HEARING CORRECTION

Please bring any vision or hearing corrective items with you. If you wear contacts, please bring glasses in addition.

Do you wear glasses, contacts, hearing aids, or use other implements to correct vision/hearing? YES NO

PHYSICIAN INFORMATION

Physician's Name: _____ Phone: _____

ACCURACY STATEMENT

I hereby state, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (Required if under 18): _____ Date: _____