



## **Please read completely and carefully!**

Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Activities: \_\_\_\_\_

Activity Date: \_\_\_\_\_

### **Acknowledgement of Risk**

I hereby request to participate in the above listed activities conducted by Virginia Military Institute. I understand that as a participant, I will be exposed to above normal risks which include but are not limited to: falling, lifting, swinging, spotting, crawling, immersion in water; travel to and from the activity site via private vehicle, common carrier, and/or college owned vehicle; and exposure to natural elements such as adverse weather, poisonous plants, and insect bites or stings. In addition, I understand that as a participant in these activities, I may engage in physical activities including climbing, running, swinging, swimming, and spotting. I acknowledge that I have been made fully aware and firmly understand that certain risks are inherent within the activities listed above that are outside the control of the instructors, volunteers, and employees of The Virginia Military Institute. (Initial: \_\_\_\_\_)

I understand too, that although Virginia Military Institute has taken precautions to provide proper equipment, quality construction, and qualified leaders, it is impossible to guarantee absolute safety. (Initial: \_\_\_\_\_)

I am aware that participation in the above activities requires adherence to standards of safety and conduct. I agree to fully adhere to the standards or accept dismissal for refusal to abide by them. Any fees associated with my transportation as a result of dismissal will be absorbed by me and I will forfeit any fees associated with my participation. This is for my safety and the safety of the other participants. (Initial: \_\_\_\_\_)

### **Medical Information & Release**

- 1) Do you have any conditions/limitations that we should be aware of regarding your participation in this activity? (i.e.: fear of heights, claustrophobia, medical conditions, etc.) \_\_\_\_\_  
\_\_\_\_\_
- 2) Please list any allergies: (i.e.: food, medication, insects, etc.) \_\_\_\_\_  
\_\_\_\_\_
- 3) Do you have medication you take in case of an allergic reaction? Yes / No Type: \_\_\_\_\_
- 4) Contact in case of emergency: \_\_\_\_\_  
Phone # (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

I understand that these activities are physically demanding and have noted conditions that may affect my participation. In the event of an emergency, I hereby give permission to program instructors and/or qualified medical personnel to administer the appropriate medical treatment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

#### **If participant is under 18, parent or guardian please read and complete the following:**

As the parent or guardian of a participant under 18 years of age and in the event I cannot be reached, I hereby give permission to program instructors and/or qualified medical personnel to administer the appropriate medical treatment.

Parent or Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_