

**University of Minnesota
Climbing & Adventure Programs
RELEASE OF LIABILITY – TRIPS/CLINICS**

Activity or Event: _____ Date(s): _____

Participant's Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

In consideration of being allowed to participate in any way in the Climbing & Adventure Programs, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation; and

3. I acknowledge and consent to the use of video recordings and photographs of my participation in promotional activities conducted by Releasees; and

4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

5. I understand that while traveling to and from a Climbing & Adventure event or activity in any University vehicle I am protected by University automobile liability insurance coverage. I further understand that if I choose to drive my own vehicle or be a passenger in a non-University vehicle while traveling to and from a Climbing & Adventure event or activity, I waive all my rights to University automobile liability insurance coverage; and

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Regents of the University of Minnesota and the Department of Recreational Sports, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature)

Emergency Contact Information

Name _____ Relation _____ Phone _____

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in the University's Climbing & Adventure Programs.

Print Name _____

Signature _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature)

I am the parent or legal guardian of the minor _____, and I am signing this release on behalf of the minor.

(print child's name)