



Assumption of Risk Agreement
Challenge Course

Description: The Challenge Course is a 50' tower with climbing holds and other elements, and a giant swing with lower element structures. The swing allows participants to be hauled up to 45' by a team and once released, swing a 60' arc. The course provides unique challenges and team oriented experiences for groups. Helmets must always be worn while in the drop zone.

In consideration for the opportunity to participate in this event, I voluntarily agree to assume all risks involved in my participation. I understand that participating in the challenge course carries inherent risks. These risks include, but are not limited to: slips, trips, and falls; being hit by falling objects or other participants; scrapes, slivers, cuts, abrasions; getting hair, clothes, or jewelry caught in the belay system; uneven terrain; human carelessness, error and misjudgment; failure or misuse of equipment; exposure to elements, and inclement weather; strains, sprains, broken bones and other injuries which could occur and could result in other emotional or physical injury, or damage to property or third parties. These risks may be foreseeable or unforeseeable and are beyond the control of Idaho State University (ISU).

I agree to act responsibly and ensure my behavior does not endanger myself or others. I have also reviewed the event description and verify I have no physical or mental condition which would endanger myself or others by my participation in this activity. I understand that my participation is not required, and that I should not attempt to do anything beyond my abilities. I understand that ISU reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others. I agree to follow all event rules, instructions, safety protocols, and proper use of any equipment.

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

I have read, understand, and agree to the above:

Name of Participant Signature Date

For Minor Participants: Parent or Legal Guardian represents that the Participant is not yet 18 years of age and/or is still under their care. Both the Participant and the Parent or Legal Guardian agree to the above.

Name of Parent/Guardian Signature Date

Emergency Contact:

Name of Emergency Contact Relationship Phone Number