

**UW-Superior Challenge Ropes Course & Indoor Climbing Wall Program**

**Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment**

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in the UW-Superior Challenge Ropes Course & Indoor Climbing Wall Program at the University of Wisconsin – Superior.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT: Joel Peterson, of UW-Superior, at telephone number: 715-395-4651.

**Assumption of Risks:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the UW-Superior Challenge Ropes Course & Indoor Climbing Wall Program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian  
(If Participant is under 18\*):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Hold Harmless, Indemnity and Release:**

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Superior, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Superior, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian  
(If Participant is under 18\*):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent for Emergency Treatment:**

I authorize the University of Wisconsin-Superior and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian  
(If Participant is under 18\*):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If your son, daughter or ward will be under 18 while participating in the UW-Superior Challenge Ropes Course & Indoor Climbing Wall Program at the University of Wisconsin – Superior, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

The University of Wisconsin – Superior Challenge Ropes Course and Climbing Wall program involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low / high elements, and other rigorous physical adventure activities. Participation in a University of Wisconsin – Superior’s program and its activities is at all times an individual choice. There are risks, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

The University of Wisconsin – Superior’s Challenge Ropes Course and Climbing Wall policy requires that every participant provide certain health/medical information to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation.

The following information will be held in confidence. Please complete the form and return it to the University of Wisconsin – Superior’s Outdoor Adventure Program Office prior to participating in any activities.

Date(s) of Workshop(s): \_\_\_\_\_

**PHOTO/MEDIA RELEASE**

Sign if you DO grant to the University of Wisconsin Superior the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of your child for use in materials they may create.

Signature of Applicant: \_\_\_\_\_

Signature of Parent or Guardian (if under 18): \_\_\_\_\_