



PARTICIPATION WAIVER

I am aware that participation in Adventure Learning Programs exposes me to many risks of injury. One must be aware that injuries can occur, including but not limited to rope burns, sprained muscles and joints, back strains, skin abrasions, sunburn, splinters, and contact with plants, animals, and insects that could create hazards such as stings, allergies, or associated diseases.

I further understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. At any time I have the right not to participate in or to discuss any activity with which I am not comfortable.

Furthermore, I agree to follow the rules and safety procedures established for the activities and to obey ALPs staff supervising these activities. For my own safe participation, and that of my fellow participants, I must call to the attention of the leader any situation, which I perceive to be a potential danger to myself or fellow participants. This would include, but should not be limited to: equipment that has broken or is in need of repair, when I am feeling ill or am unduly fatigued, or when I have unusual difficulty in performing a skill.

I UNDERSTAND THAT PARTICIPATION IN ADVENTURE LEARNING ACTIVITIES IS STRICTLY VOLUNTARY. I HAVE FREELY CHOSEN TO PARTICIPATE. I ASSUME THE RISKS ASSOCIATED WITH PARTICIPATION IN ADVENTURE LEARNING PROGRAMS. I HEREBY RELEASE AND DISCHARGE, INDEMNIFY AND HOLD HARMLESS, THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM, THEIR OFFICERS, EMPLOYEES AND AGENTS, FROM ANY LIABILITY FOR DAMAGE TO OR LOSS OF PERSONAL PROPERTY, SICKNESS AND INJURY, DEATH, LOSS OF MONEY, ETC. WHICH MIGHT OCCUR WHILE PARTICIPATING IN THIS ACTIVITY. I FURTHER UNDERSTAND THAT THE UNIVERSITY DOES NOT PROVIDE BLANKET MEDICAL COVERAGE TO STUDENTS OR VISITORS AND THAT THE UNIVERSITY STRONGLY ENCOURAGES THAT I CARRY HEALTH INSURANCE, WHICH PROVIDES COMPREHENSIVE MEDICAL AND EMERGENCY ROOM COVERAGE.

I, _____, have read the above information thoroughly and agree to the terms and conditions on this _____ day of _____, 201__.

Participant Signature