

# Adventure Program Release (Adult)



Print Participant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

## PERMISSION TO PARTICIPATE IN ADVENTURE PROGRAM ACTIVITY:

In consideration of being allowed to participate in an adventure program activity conducted by the Youth Learning Institute, I the undersigned, acknowledge, and agree to the following:

1. I fully understand that that there are inherent risks involved with adventure activities such as ropes courses, (low, and high elements), climbing walls and zip lines. These risks are significant and include the risk of physical injury, emotional distress, and death from falling, drowning, disease, exposure, contact with wild creatures (i.e. snakes, alligators, bugs, etc.), injury from equipment, and the actions of other participants.
2. I voluntarily assume full responsibility and liability for any risk of loss, property damage or personal injury, including death, which may be sustained by me as a result of my participation and expressly agree that Clemson University, its employees, agents and representatives shall not be liable for damage to or for the loss of any personal property.
3. I agree to comply with the Youth Learning Institute Site Use Rules and Regulations.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action that are related to the inherent risks associated with the activities listed above and that may result from or occur during my participation in this Adventure Program. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my negligent or intentional act or omission while participating in this Adventure Program.

## HEALTH INFORMATION:

Please list any health information such as allergies, heart condition, recent surgery, or other physical restrictions that the Center(s) staff may need to know.

\_\_\_\_\_  
\_\_\_\_\_

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I CONSENT TO THE PARTICIPANT TAKING PART IN THE ACITIVITY(S) DESCRIBED ABOVE AND I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Participant Signature \_\_\_\_\_

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