

The College of St. Scholastica - Outdoor PURSUIT! Program

Acknowledgment of Risks and Release of Liability

Program Name and Date(s): _____

Participant Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Please List any allergies, medications, health conditions, and previous injuries on the reverse side.

Although Outdoor PURSUIT! has taken reasonable steps to manage the risks in this program, I acknowledge that this activity has risks. The following describes some, but not all, of those risks. Activities vary with program, and include but are not limited to canoeing, kayaking, hiking, backpacking, rock climbing, skiing, dog sledding, and snowshoeing. Canoeing and kayaking may involve travel over unpredictable open lakes; in waves, surf or fog; down rivers with dangerous rapids; and along rocky shorelines. Some travel on foot or by vehicle over unpredictable terrain such as frozen lakes, slippery rocks, downed timber, steep slopes, and narrow trails may also be encountered. Environmental risks may include rapidly moving, deep or cold water; fog, lightning, rock fall, insects, animals, boat traffic, and other unpredictable forces of nature.

I represent that I am fully capable of participating in this activity. I assume and accept full responsibility for myself and for injury, death, loss of personal property, and expenses suffered by me as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I, on behalf of myself, my agents, heirs and next of kin, hereby release The College of St. Scholastica and their respective employees, agents and representatives (hereafter referred to as "Group") from any responsibility or liability for personal injury, including death, and damage to or loss of property, that I may incur due to the negligence of the above group or my own negligence or due to accidental occurrences during my participation. I also agree to compensate the above group for any loss or damage of items used during my participation and should my health require evacuation for the program, I will accept responsibility for any associated expenses.

I, and my parent(s) or guardian, if I am a minor, have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

If the participant is under 18, I am signing as parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) the about group from any claim which may be brought by or on behalf of, or any member of the family, for injury or loss resulting from the inherent risks of participation, described and not described above, and from the negligence of the participant:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____