

### WVU Zip Canopy Tour Guidelines

#### Participant Responsibilities

1. Participants must be comfortable with participating in activities at heights from 16' to 40'.
2. Participants must be in moderate to good health; active participation is required. Participants must be able to pull themselves along the cable, and slow themselves using a glove to create friction on the cable. Participants should be able to walk at least one mile.
3. Participants must be able to understand and follow the guide's instructions.
4. Closed-toe shoes are required while participating in the program.
5. Participants must meet the following weight requirements— minimum weight: 70lbs; maximum weight: 250lbs.
6. An Acknowledgement of Risk and Assumption of Responsibility form must be signed prior to participation.
7. It is recommended that you consult your physician before engaging in this activity to ensure that you do not have a physical condition that may increase your risk of injury or death during this activity. Participants should notify a staff member if he or she has any of the following conditions as participation is not advised and may be denied:
  - a. Pregnancy;
  - b. Recent, reoccurring, or existing injuries and serious musculoskeletal disorders that would prohibit full participation;
  - c. Medical conditions that could require immediate medical attention.

#### Canopy Tour Rules

1. Groups must arrive 15 minutes prior to the scheduled tour time.
2. Groups will proceed at scheduled time with those present, late arrivals will forfeit their spot and will not receive a refund.
3. Participants who are under the influence of alcohol, illegal drugs, or legal drugs that impair participant in any way will be prohibited from participation.
4. Adventure West Virginia staff members reserve the right to deny participation to any Participant if his or her physical or mental condition could endanger self or others.
5. It is the Participant's responsibility to wear appropriate clothing for the weather. Please note that weather patterns tend to be different than lower lying areas such as Morgantown. Expect colder and windier weather.
6. Canopy Tours operate rain or shine; however, the course may be closed due to severe weather (lightning or high wind). If a Canopy Tour is closed due to severe weather, Participants will receive a rain check (or refund if they are unable to reschedule).

I have read and understood the Canopy Tour Guidelines detailed above. I certify that I am fit to participate and understand the inherent risks and the potentially increased risk to my health and life if I participate with a pre-existing health condition described above. I agree to abide by the rules stated above and assume all responsibilities as outlined above.

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

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

## WVU Adventure WV Program Acknowledgment of Risk and Assumption of Responsibility and Release

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I understand that during my participation on a West Virginia University Adventure WV (Adventure WV) program, I will be exposed to several risks commonly associated with outdoor activities, which are described in more detail below. Although Adventure WV has taken precautions to provide proper organization, supervision, instruction, and equipment for each trip, absolute safety cannot be guaranteed. Thus, I acknowledge that there are risks inherent in this type of the trip, canopy tour, or seminar and nevertheless want to participate. Also, I understand that I share the responsibility for safety on the trip and I assume that responsibility. I agree to comply with the instructions and directions of the Adventure WV staff members during the trip.

Outdoor activities in an Adventure WV program include hiking, backpacking, camping, rock climbing, initiatives, challenge course activities, caving, whitewater boating, walking through forest terrain as well as on aerial bridges between platforms, climbing, and zip-lining/participating in activities at heights from sixteen to forty feet off of the ground. The following describes some, but not all, of the environmental and other risks associated with Adventure WV programs:

- Because activities take place in remote places, communication and transportation are difficult and sometimes evacuations and medical care can be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use.
- Meals may be prepared on gas stoves or fires. Water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling timber.
- Travel is by vehicle, raft, foot, zip-line, and by other means, over rugged unpredictable terrain, including boulder fields, downed timber, rivers and crossings, rapids, mountain passes, steep slopes, slippery rocks. Risks include tripping, collision, falling, capsizing, drowning and others usually associated with such travel.
- Environmental risks and hazards include rapidly moving, deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; extreme weather, including lightning, flash floods, and other forces of nature which may change conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

I am aware that Adventure WV activities include risks of my injury or death. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participant in spite of and with knowledge of the inherent risks.

I have no physical or medical problems that would prohibit my participation in the trip. I further understand that West Virginia University and its Board of Governors will not provide medical or other insurance coverage for this trip. If I must evacuate for any reason, I understand I am personally responsible for all medical and/or evacuation fees and that I will not receive a refund of the trip fee. To that end, I understand that I must provide a copy of my medical insurance card prior to participation. Finally, in consideration for the opportunity to participate in the program and to the extent allowable by law, I release and forever discharge for myself and my heirs, executors, administrators, and assigns, West Virginia University and its Board of Governors, employees, agents, and volunteers, from all claims, demands, and causes of action for personal injury or any other damage which may arise out of or be in any way related to my participation in this program, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

Participant Name \_\_\_\_\_ Trip and Date \_\_\_\_\_  
(please print)

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

I (we) acknowledge that there can be no guarantee of absolute safety against risks and unforeseen accident, as detailed above, that WVU will not provide medical or other insurance coverage for this trip, and consent to the participation of the above named individual with the Adventure WV program.

Parent / Guardian Name \_\_\_\_\_  
(please print) If participant is under 18 yrs of age

Parent / Guardian Signature \_\_\_\_\_

# WVU Adventure WV Participant Information Form

For Office Use Only:	
OT	<input type="checkbox"/> Trip # _____
CC	<input type="checkbox"/> _____
CT	<input type="checkbox"/> _____
ORC	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____

## I. PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

WVU ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ T-Shirt Size (*Orientation Trips participants only*): XS / S / M / L / XL / XXL

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## II. EMERGENCY CONTACT INFORMATION

Emergency Contact (1) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

## III. INSURANCE INFORMATION

**Each participant is responsible for medical expenses. A copy of your current medical insurance card should be brought along with you on the trip.**

Name of Insurance Company: \_\_\_\_\_ Insurance Co. Phone No.: \_\_\_\_\_

Group No.: \_\_\_\_\_ Name on Insurance Card: \_\_\_\_\_

## IV. CRITICAL INFORMATION RELATED TO PARTICIPATION

**Please answer the following questions honestly and accurately. This information will be kept confidential. Our goal is to make necessary accommodations to provide you with the best possible experience. Please contact our office if you have questions or concerns about any of the following items.**

Please list any allergies or special dietary needs that may affect your participation in the program (*i.e. allergic to bees, vegetarian, vegan, nut allergy, allergies to medicines, gluten or lactose intolerant, etc*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medications that, if not taken, may affect your ability to participate in the program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*If you are taking any medication that may be required during the program, you MUST bring ALL of those with you. If you do not have them, you may not be allowed to participate in the program.**

Please list any brace, orthotic, or other device that you use regularly that may affect your participation in the program: \_\_\_\_\_

*\*\*If you regularly use any brace, orthotic, or other device, please bring this device with you. If you do not have them, you may not be allowed to participate in the program.*

Do you wear glasses, contacts, hearing aids, or use any other implements to correct vision or hearing?

Yes No

*\*\*If yes, then please bring these items. If you wear contacts, please bring glasses in addition to your contacts.*

Please list any other health information that may affect your ability to perform any of the activities involved in the program: \_\_\_\_\_

Please list any other relevant information about you that the Adventure WV Staff should know regarding your ability to participate in an Adventure WV Program: \_\_\_\_\_

**V. PHYSICIAN INFORMATION**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**VI. ACCURACY STATEMENT**

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent/guardian (Required if under 18)** \_\_\_\_\_ **Date** \_\_\_\_\_