ADVENTURE WV – WEST VIRGINIA UNIVERSITY
ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF RESPONSIBILITY

I understand that, during my participation on an Adventure WV program, I will be exposed to above normal risks. Although Adventure WV has taken precautions to provide proper organization, supervision, instruction and equipment for each trip, it is impossible for the Adventure WV program to guarantee absolute safety. I acknowledge that all risks cannot be eliminated without destroying the purpose and character of the trip or seminar. 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. The following describes some, but not all of the risks:

- WVU Adventure WV programs take place out of doors, where participants are subject to environmental and other risks. Activities include hiking and backpacking, camping, rock climbing, initiatives, challenge course, zip line, caving, and whitewater boating.
- Activities take place in remote places, far from medical facilities. 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 are 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, on foot and by other means, over rugged unpredictable off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, steep slopes, slippery rocks. Risks include 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; lightning, flash floods, and unpredictable forces of nature, including weather which may change to extreme 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 psychological problems that would prohibit my participation in the trip. I further understand that West Virginia University 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/evacuation fees and that I will not receive a refund of the trip fee. (Participant must provide a copy of their medical insurance card prior to participation).

In consideration for the opportunity to participate in the activity and to the extent allowed by law, I release West Virginia University and its employees, agents, and volunteers, and waive all claims for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

Participant’s Name (Please Print): __________________________________________

Student Signature: __________________________________________ Date: ____________

I (we) acknowledge that there can be no guarantee of absolute safety against risks and unforeseen accident, as detailed above, that West Virginia University 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 (If participant is under 18 yrs of age - Please print): __________________________________________

Parent/Guardian Signature: __________________________________________ Date: ____________
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 such as a seizure disorder.

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:__________________
Complete these forms and bring them with you on the day of your program!

ADVENTURE WV – WEST VIRGINIA UNIVERSITY
Participant Information Form

➢ Please write *legibly* and in *pen*.
➢ Please answer the following questions honestly and accurately. This information will be kept confidential.
➢ Our goal is to provide you with the best experience possible, making accommodations where needed.
➢ Please contact us for questions or concerns about any of the following items.
➢ *Please notify us of any changes that happen between completing this form and the start of your program.*

### PARTICIPANT INFORMATION

<table>
<thead>
<tr>
<th>Last Name: _____________________________________</th>
<th>First Name:____________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>WVU ID#: _________________________</td>
<td>Email: _________________________________________</td>
</tr>
<tr>
<td>Home Phone: __________________________________ ______</td>
<td>Cell Phone:____________________________________</td>
</tr>
<tr>
<td>Height: ____________   Weight: ___________   Gender: ______________    Date of Birth: <strong><strong><strong>/</strong></strong></strong>/______</td>
<td></td>
</tr>
<tr>
<td>Age: ______________</td>
<td>Dorm Name &amp; Room # (if applicable): ____________________</td>
</tr>
<tr>
<td>Street Address _________________________________________</td>
<td>City/State/Zip: ___________________________</td>
</tr>
</tbody>
</table>

### EMERGENCY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Emergency Contact #1: __________________________________________</th>
<th>Relationship: _____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone: ________________    Home: ________________    Work: ________________ Email: ____________</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact #2: __________________________________________</td>
<td>Relationship: _____________________</td>
</tr>
<tr>
<td>Cell Phone: ________________    Home: ________________    Work: ________________ Email: ____________</td>
<td></td>
</tr>
</tbody>
</table>

### 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 program.*

<table>
<thead>
<tr>
<th>Name of Insurance Company: _____________________________</th>
<th>Insurance Co. Phone: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group #: ______________________________________________</td>
<td>Name on Insurance Card: ______________________</td>
</tr>
</tbody>
</table>

### ALLERGY INFORMATION

Do you have any ALLERGIES?  
____ YES  ____ NO

If YES, do you carry epinephrine, such as an Epi-Pen?  
____ YES  ____ NO

If YES, Have you ever been hospitalized for these allergies?  
____ YES  ____ NO

Describe your allergies, including severity and other pertinent information: ________________________________________________

________________________________________________________

Phone (304) 293-5221 – AdventureWV@mail.wvu.edu – adventurewv.wvu.edu
2001 Rec Center Dr., Morgantown, WV 26506-6018
Complete these forms and bring them with you on the day of your program!

### DIETARY INFORMATION

Please mark dietary restrictions, needs, and requests here. **If it is not listed on this form, we cannot accommodate it.**

Do you have any DIETARY RESTRICTIONS (i.e. vegetarian, lactose-intolerant, etc.)?  ____ YES  ____ NO

Describe your dietary restrictions, including foods avoided and other pertinent information:

_______________________________________________________________________________________________

### OTHER PERTINENT HEALTH INFORMATION

Please list any other pertinent health information that may affect your ability to participate in this program, including recent injuries, pre-existing health conditions, etc.:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

### MEDICATIONS

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

_______________________________________________________________________________________________

### OTHER

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.

Please list any brace, orthotic, or other device that you use regularly:

_______________________________________________________________________________________________

### VISION/HEARING CORRECTION

Please bring any vision or hearing corrective items with you. If you wear contacts, please bring glasses in addition.

Do you wear glasses, contacts, hearing aids, or use other implements to correct vision/hearing?  ____ YES  ____ NO

### PHYSICIAN INFORMATION

Physician’s Name: ____________________________ Phone: ____________________________

### ACCURACY STATEMENT

I have reviewed the AWV Essential Eligibility Criteria online at adventurefirstyear.wvu.edu/essential-eligibility-criteria and certify that I meet the criteria necessary to participate in the activities involved: ____________________ (initial)

I hereby state, 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: ________________