

**COLLEGE OF SOUTHERN IDAHO
RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK**

For and in consideration of my being allowed to participate in utilizing the College of Southern Idaho (CSI) Challenge Course programs, services, facilities and equipment either on or off of the College of Southern Idaho campus I do hereby agree to indemnify, release and hold harmless the College of Southern Idaho, a political subdivision of the State of Idaho, inclusive of its officers, employees, volunteers, agents, insurers and any elected or appointed officials of CSI from any and all civil liability involving any and all forms of injury except those which may arise as a result of willful, wanton or reckless conduct by CSI or its agents adding unwarranted danger to my participation in such event.

I understand that direct supervision by CSI staff may not be provided and by participating in, traveling to or from, or using the programs, services, facilities of the CSI challenge course, I expose myself to the risk of injuries including but not limited to the following: temporary or permanent muscle soreness, sunburn, exposure to the elements, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage; head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, weather-related accidents, emotional trauma, disfigurement, or death.

I further authorize CSI to provide medical treatment to the extent necessary to prevent further injury or death.

Medical/Health or other issues:

I feel the group should know about: (give information voluntarily): _____

I, _____ (printed name of participant), of my own free will, for my family, my minor children, my heirs and executors and myself have read, understand and acknowledge the risks and liability for myself this date of _____. (Date)

I acknowledge that there are risks associated with my participation in the event identified on this Release, and I agree to assume those risks. I hereby grant this release, for myself, my heirs, executors, administrators and assigns. I affirm that I am: _____ at least eighteen (18) years old or _____ less than eighteen (18) years old. (initial one) **If less than 18, release by parent or guardian is required.**

I have read the foregoing and agree that the terms of this release are legally binding and that nobody's oral statement to the contrary can void or alter the terms of this release.

DATED this _____ day of _____, 20____.

PARTICIPANT:

(Signature)

(Printed name)

Witnessed by

Date

(Printed Name)

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We strongly recommend that all participants have a medical insurance policy. Activities may involve running, lifting, bending, balancing, and climbing. Some potential conditions that may affect your participation are: recent or recurring injuries, recent medical procedures, diabetes, seizures, asthma, allergies, and heart conditions. Please carry emergency medication for the above conditions. If you have any questions regarding the language or details of this document prior to signing, please contact Mike Mason at mmason@csi.edu.

RELEASE BY PARENT OR GUARDIAN (REQUIRED WHEN RELEASE IS BY MINOR)

I, _____ (printed full name of parent/guardian),
am the parent or lawful guardian of _____ (printed full name of minor), who has signed the foregoing Release of Liability. I authorize him/her to participate in this program/activity with full knowledge of the terms of the signed Release above and join in that release as though I executed it myself. I agree that the terms of this Release of Liability are legally binding upon me and the minor person who I have authorized to participate in this program/activity. I also agree that no oral statement to the contrary, by anybody, can void or alter the terms of the foregoing Release.

DATED this _____ day of _____, 20____.

| | | |
|-------------------------------------|-------------|------------------------|
| Parent or Guardian Signature | Date | Print name here |
| <hr/> | <hr/> | <hr/> |
| Parent or Guardian Signature | Date | Print name here |
| <hr/> | <hr/> | <hr/> |
| Witnessed by | Date | Print name here |

Photo Release: I authorize CSI, and or parties designated by CSI, to use my or my child’s photo for sale or reproduction in a manner CSI desires, for advertising, display, audiovisual, exhibition or editorial use. Any portion of this document deemed unlawful or unenforceable shall not affect the remaining provisions of this document, and those remaining provisions shall continue in full force and effect.

| | | |
|-------------------|-------------|------------------------|
| Signature | Date | Print name here |
| <hr/> | <hr/> | <hr/> |
| Witness by | Date | Print name here |

Activity/Program: College of Southern Idaho Challenge Course and related programs