This is an Informed Consent Form for Minors, which identifies risks of participating in the Utah State University Challenge Course, and a Waiver and Release for parents/guardians.

**Group Name**

**Event Date**

**Activity Location**

USU Challenge Course, Logan, Utah

**Activity Description**

Will include both the low course elements and the high course elements

**Transportation to and from activity**

Will be arranged by participants and/or group chaperones

I understand and certify that I am voluntarily choosing to participate in the Utah State University Challenge Course and will not hold them responsible for known and unanticipated risks and dangers. These risks and dangers include, but are not limited to, falls, falling objects, and unobservable broken equipment or unauthorized use of equipment which could result in damage to or loss of property, illness or disease, physical or mental injury, or death of myself or other persons. I understand injuries that may result from my participation in scheduled or unscheduled activities related to this program include, but are not limited to: cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

I, ________________________________ (print name of minor participant) acknowledge that I have familiarized myself with the risks and dangers of the USU Challenge Course, I am voluntarily choosing to participate, will follow the rules of conduct, will follow the operating and safety procedures, and will follow any directions given by any authorized University employees.

Signature of minor participant ________________________________ Date ______________

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**Parent/Legal Guardian Waiver & Release**

I, the undersigned, the legal guardian of the above named minor, under eighteen years of age, in consideration of participant’s participation in a Utah State University Challenge Course, do hereby agree to this waiver and release.

I recognize that participation in a Utah State University Challenge Course program may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities.

**Medical Treatment Consent**: Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary. I agree to be personally responsible for costs of any emergency or other medical care that participant receives. Participant’s medical insurance will be the primary and sole source of coverage for treatment. I agree to release State of Utah, Utah State University and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that participant receives as a result of participation in the Utah State University Challenge Course.

Health/Medical Insurance Company _________________________________________________ Policy # _________________________________________________

Emergency Contact Name ________________________________________________________ Phone ________________________________

**Photography & Video Release**: I hereby grant absolute rights and permission to the USU Challenge Course staff and their sponsors to use photographic portraits and/or video footage of this minor for illustration, promotion or advertising purposes.

I further agree to release the State of Utah, Utah State University, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney’s fees or harm of any kind or nature to me arising out of participant’s participation in this Utah State University Challenge Course program. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover participant’s participation in the above stated Utah State University Challenge Course.

Signature of Parent or Legal Guardian ____________________________________________ Date ________________________________