

**Georgia College
Outdoor Center at Georgia College
INFORMED CONSENT**

In agreeing to participate in a Georgia College Outdoor Center program, course, or trip, I may take part in adventurous activities. These activities may include, but are not limited to, land activities such as camping, backpacking, caving, land navigation, rappelling, top rope rock climbing, bouldering, or tree climbing; water activities such as flat water, coastal or white water rafting, canoeing, or kayaking; group development and challenge course activities; vehicle travel; and service projects.

I recognize certain risks and dangers exist in these activities. These risks include, but are not limited to: loss or damage of personal property; mental or emotional distress; injury or fatality due to tripping, falling from heights, drowning, allergic reactions to foods, flora or insects, exposure to temperature extremes or inclement weather, sun hazards, equipment failure, and vehicle accidents while traveling to and from the activity site.

I have read and understand the risks listed above and agree to take an active part to protect myself and my fellow participants during the activity. I understand that these risks may be minimized by following staff instructions regarding techniques and equipment usage and by asking questions about things that I do not understand. I also understand that I should participate at a level and a pace that I am physically and emotionally prepared for and to not attempt activities that seem unsafe. I will also inform the staff of any dangers known to me that may cause injury to me or others. If I am injured, I will alert staff to the situation and follow their instructions on how to respond to the problem. Furthermore, I agree to do the following to support a safe, environmentally sound, and effective experience for myself and others:

- I will be on time for all scheduled meetings and events.
- I agree to respect the rights and feelings of other participants and staff and to act in a supportive and caring manner during my participation in this event.
- I will not participate in activities or use equipment without proper supervision.
- I understand that I should do nothing that may harm the environment or destroy its natural beauty, so that anyone who follows me may enjoy what nature provides.
- I agree not to bring a radio, cell phone, or beeper on a trip unless I have written permission from the lead facilitator or course instructor.
- I will not use alcohol or illegal drugs prior to or during the program. I will use tobacco in a way consistent with program guidelines.

I have read all of this Informed Consent, had the opportunity to ask any questions that I may have, and understand that I may be dismissed from participation for refusing to abide by its contents.

MEDICAL INFORMATION AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

We hope to minimize the potential for medically related emergencies by obtaining some basic and pertinent medical information from each participant. If you check any of the “yes” boxes on this form, it does not necessarily mean you will not be allowed to participate. You can expect a staff person to speak with you about your condition, how it might be affected by participating in the program, and subsequent options you might have. All information provided on this form will be reviewed by the Outdoor Center at Georgia College and/or GCSU medical advisors, but will otherwise remain confidential, unless you agree otherwise.

1. Have you experienced an asthma attack at any time in your life?	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Have you ever been diagnosed with type I or type II diabetes?	<input type="checkbox"/> yes <input type="checkbox"/> no
3. Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?	<input type="checkbox"/> yes <input type="checkbox"/> no
4. Have you ever received medical treatment for angina, a heart attack, any type of heart disorder/disease, or high blood pressure?	<input type="checkbox"/> yes <input type="checkbox"/> no
5. Have you ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder?	<input type="checkbox"/> yes <input type="checkbox"/> no
6. Have you had broken bones or joint injuries that cause recurring problems?	<input type="checkbox"/> yes <input type="checkbox"/> no
7. Are you currently pregnant?	<input type="checkbox"/> yes <input type="checkbox"/> no
8. Have you been diagnosed with any other medical condition?	<input type="checkbox"/> yes <input type="checkbox"/> no
9. If you checked “YES” to any question above, please provide additional information in this space:	
10. If you are participating in a water-based program, please rate your swimming ability. <input type="checkbox"/> no ability <input type="checkbox"/> some ability <input type="checkbox"/> average swimming ability <input type="checkbox"/> good swimmer <input type="checkbox"/> excellent swimmer	

I am aware of my past and present health and fitness for doing strenuous activity. I will participate in all program activities, except for those noted on this form by myself and/or my physician. Information about any and all prescription drugs that I am currently taking is noted on this form. I have completed this form to the best of my ability with full knowledge that any information withheld may increase the potential for serious injury or reinjury. Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by the Outdoor Center to hospitalize and/or secure proper treatment for me, except as noted on this form. The Outdoor Center at Georgia College reserves the right to limit participation in its programs based on information submitted on this form.

ASSUMPTION OF RISK AND INSURANCE CERTIFICATION

Many recreational activities and outdoor programs involve substantial risks of bodily injury or death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion. Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training for, participation in, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training. The undersigned acknowledges that Georgia College does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any outdoor program or recreational activity. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary outdoor programs or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs.

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

The undersigned hereby acknowledges that participation in outdoor programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Georgia College (the "Institution") allowing the undersigned to participate in voluntary recreational programs or outdoor activities in connection there with, and making available to the undersigned for his or her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge Georgia College and the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such outdoor programs and recreational activities.

I further covenant and agree that for the sole consideration stated above I will not sue Georgia College, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or outdoor activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver of Liability, and Covenant Not to Sue shall remain in effect for as long as I am a participant in outdoor programs or recreational activities offered by the Institution. Further, I understand that, if I am an employee or student at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment or employment at the Institution.

I do hereby consent and agree to allow the Outdoor Center at Georgia College the use of my image or likeness in photographs, videos, or audio for educational purposes or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child. Check yes or no.

Yes No

I certify that I am 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this notice.

Participant Name: _____ **Participant Signature:** _____

Address: _____

City/State/Zip: _____ **Date of Birth:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone Number:** _____

Signature of Parent/Guardian (if under 18): _____ **Date:** _____

Print Parent/Guardian Name: _____ **Phone Number:** _____

Lead Facilitator Signature: _____ **Date:** _____

Grey area to be used by office personnel only