



**LEADERSHIP UNIVERSITY ONLY
RELEASE & LIABILITY WAIVER (REQUIRED)**

(Discovery Program/Ropes Course)

*(Please return the completed form to the Admissions Office
within 7 days of registration)*

Student Name: _____ PIN #: _____ Session Dates: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

IMPORTANT NOTICE: The Discovery Program (Ropes Course) is a powerful outdoor experience designed to foster self-discovery, confidence, teamwork, communication and group process skills. It is a carefully planned program that includes progressively challenging activities on a well-designed structure of Ropes and Initiative events that incorporate physical, mental and social challenges. The Student's participation in this event is strictly voluntary and should the Student choose not to participate there will be an alternate activity planned. However, we encourage you to sign this form, as you may decide to participate in the Discovery Program. By signing this form, you will have the option to participate in the Discovery Program. Without it, you will not be permitted to participate in the Discovery Program (Ropes Course).

1. THE STUDENT PARTICIPANT AND THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN, HEREBY UNDERSTAND, ACKNOWLEDGE AND AGREE THAT:

- A. Participation in Gallaudet University Discovery Program activities entails known and unanticipated risks which could result in physical or emotional injury or damages to me/my child, to property or to third parties. I acknowledge that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. I understand that the Discovery Program is being facilitated by Gallaudet University. I understand that the Discovery Program operates on an Individual Choice philosophy, which means my participation is purely voluntary, and that while being encouraged to do my best, I am free to choose my level of participation in any activity. I understand and agree to be supported in my choice and to support others in their choice as well.
- B. Gallaudet University Discovery Program takes reasonable precautions to insure that qualified personnel conduct programs and activities in a safe and responsible manner. However, I further understand that these activities involve certain risks, both physical and emotional. I acknowledge and assume the risk of injury and/or disability inherent with being an active participant in these physically and mentally challenging exercises.
- C. I have disclosed all medical conditions and all physical activity concerns on the attached "MEDICAL INFORMATION". As a parent/guardian of a school age participant I agree to provide and allow the release of current and up to date emergency care and health related information – for example: School Emergency Care Card.
- D. Parts of these activities can be physically demanding and the potential for injury to me/my child exists. I agree to assume, and bear the costs of all risks that may be created, directly or indirectly, by my participation, including any medical condition that I/my child may have.
- E. All of the program activities are STRICTLY VOLUNTARY, and it is always the responsibility of the participant to limit his or her participation in any way he or she deems appropriate. I further understand that my minor child may not be able to adequately assess his/her ability to perform certain activities.
- F. Failure to follow safety instructions may lead to a participant's removal from the group or activity. Gallaudet University Discovery Program staff may determine that removal is appropriate at any time during the activity.
- G. Participants may be transported by Gallaudet University Discovery Program or *LeadAmerica* vehicles to and from activities at various sites.

2. AS A PARTICIPANT, PARENT OR GUARDIAN, I AGREE:

- A. To hold harmless Gallaudet University, Discovery Program, *LeadAmerica* and their respective officers, directors, employees, and agents from any claim, damage, liability, injury, expense or loss, including defense costs and attorney's fees, arising from activities under this agreement and hereby indemnify them with respect thereto.
- B. To authorize Gallaudet University, Discovery Program and/or *LeadAmerica* to initiate emergency evacuation or treatment in case of serious injury or illness. In case of an emergency, Gallaudet University, Discovery Program, or *LeadAmerica* will notify the parents, guardians, or emergency contacts of the participant as soon as possible.
- C. I understand the nature and scope of Contractor's events and activities at Gallaudet University (GU). Further, I assume all risks resulting from his/her participation in Contractor's events/activities to be conducted at or about Gallaudet University, relative to Gallaudet University, and I understand that Gallaudet University is not sponsoring or responsible for Contractor's events or activities; and further, that I will hold harmless Gallaudet University, its trustees, officers, employees and agents, and any and all affiliated associations, from any and all liability, causes of action, claims and demands which may arise in connection with or resulting from his/her participation in Contractor's events and activities at or around GU.

By signing this document, I acknowledge that I have provided medical information accurately and have read and fully understand this document. The information I have provided is disclosed accurately and truthfully. A fax copy is as binding as an original.

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| _____ Participant Name – Print Clearly | _____ Signature of Participant (Required) | ____/____/____ Date |
| _____ Parent or Lawful Guardian Name – Print Clearly | _____ Signature of Parent or Lawful Guardian (Required) | ____/____/____ Date |