



A PROGRAM OF ASSOCIATED STUDENTS CALIFORNIA STATE UNIVERSITY, CHICO

Participant Information and Acknowledgement of Risk

Section 1: Contact Information

Today's Date: _____

Name: _____

WildCat ID: _____

Email Address: _____

Phone: _____

Emergency Contact Name, Relation and Phone: _____

Section 2: Trip Information

1. Trip Name: _____ Trip Date(s): _____

2. Trip Name: _____ Trip Date(s): _____

3. Trip Name: _____ Trip Date(s): _____

4. Trip Name: _____ Trip Date(s): _____

5. Trip Name: _____ Trip Date(s): _____

6. Trip Name: _____ Trip Date(s): _____

Section 3: Personal Information *(will only be shared with Adventure Outings Trip staff and Associated Students Administrative staff)*

Check any that apply to you *(explain below)*: ☐ Unable to swim ☐ Food Allergy ☐ Dietary Restriction ☐ Hearing Impaired
☐ Heart Condition ☐ Diabetes ☐ Asthma ☐ Severe Allergy ☐ Seizures ☐ Orthopedic Injury ☐ Vision Impaired
☐ Mobility Impaired ☐ Pregnant (suspected or confirmed) ☐ Other

Please explain any checked boxes in the space below:

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Section 4: Agreements

Please initial each of the following statements to acknowledge your understanding:

- _____ Adventure Outings trips are drug and alcohol free. Violation of this can result in immediate removal from the trip.
- _____ No refunds are given unless the trip is cancelled by Adventure Outings and transfers must be requested 2 weeks prior to the original trip's date and must be used for the current semester.
- _____ I will be responsible for providing my own clothing, footwear and some personal equipment. Details will be provided to me via email.
- _____ Photos/videos taken of me during my trip may be used in future promotional materials the Associated Students of CSU, Chico or other entities decided upon by A.S. Adventure Outings.
- _____ Adventure Outings can text and/or email me for meeting reminders and marketing purposes.

Section 5: Acknowledgement of Risk

In consideration for being allowed to participate in the activity or activities (the Activity) of the Associated Students of California State University, Chico Adventure Outings (A.S.) program selected by me, I, the undersigned, with the intention of binding me and my heirs, successors, and assigns, hereby represent, covenant, and agree as follows:

1. I am 18 years of age or older and I wish to voluntarily participate in the Activity of the AS. If not age 18 or older, I acknowledge and agree that my parent or guardian also will have to sign this Participant Information and Acknowledgement of Risk form before I am allowed to participate in the Activity.
2. I recognize that my participation in the Activity carries with it certain risks. While it is impossible to list all the risks involved in the Activity, I acknowledge that the possible causes of injuries, including death, or property damage are so diverse that no one can predict or protect against everything that can go wrong. I therefore agree that before I participate in the Activity, I will become informed, as much as possible; about the inherent dangers associated with the Activity and will attend the mandatory pre-Activity meeting or, if unable for good cause to attend such, will meet with the Activity leader to discuss the Activity. I also agree that I will be adequately prepared for the Activity with the proper skills, equipment, and clothing to minimize these dangers.

Without limiting the foregoing, I acknowledge that my participating in the Activity is subject to the following risks:

I may become ill or die from, among other things, polluted drinking water, improperly washed eating utensils, snake, insect, or animal bites, exposure to heat or cold, or personal health complications, e.g., strokes, appendicitis, heart attack.

I may sustain injuries (sprained ankles, deep cuts, blisters, and other wounds) or die from, among other things, falling off cliffs, slipping off wet or mossy boulders or trees, being caught in avalanches or flash floods, colliding with a vehicle, boat, rock, log, or tree, being hit by lightning or by falling tree limbs or rocks, being attacked by bears or other wildlife, falling and receiving injuries from climbing tools, such as ice axes, crampons, and rope, becoming entrapped in or under the water in a kayak, raft, or canoe, falling through snow into an underground stream, receiving burns from hot fires, gas stoves, or other instruments, falling into streams or rivers and drowning, flipping boats in rapids, as well as many other possibilities.

I recognize that some outdoor activities take place far away from medical attention. Help may very well be hours or even days away. Rescue, if possible, is often difficult and expensive. If I must be rescued, I agree to bear all costs of rescue and of medical care, including hospitalization. I also recognize that injuries, death, and property damage may occur while rescue efforts are in progress.

3. Having been informed of these risks, I nonetheless wish to participate in the Activity and agree that my participation in the Activity is voluntary and with full and informed knowledge of the risks associated with my participating in it. I THEREFORE ASSUME ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE RESULTING FROM MY PARTICIPATION IN ANY OF THE ACTIVITIES, ALL AS MORE PARTICULARLY SET FORTH BELOW.

4. I represent that I am healthy and do not suffer from any medical conditions that restrict or preclude my participation in the Activity or alternatively that while I have a medical condition which otherwise might prevent my participation in the Activity, I have consulted with my physician regarding such and he/she has released me to participate in the Activity.

Section 5: Acknowledgement of Risk (cont.)

5. I acknowledge that no personal medical insurance is provided by the AS covering my participation in the Activity and agree that it is my responsibility either to obtain proper medical and injury insurance or to pay any and all costs of medical care, including hospitalization and ambulance transportation, necessary to treat me for any injury or illness suffered by me while, or as a result of my, participating in the Activity.
6. I acknowledge that use of alcohol or drugs are not permitted while participating in the Activity and agree that I will not use alcohol or drugs, excepting medications prescribed by my physician which he/she advises can be taken without affecting my ability to participate in the Activity, at any time while I am participating in the Activity.
7. I acknowledge that my participating in the Activity may involve the use of motor vehicles. I agree therefore that if I drive or provide my own motor vehicle for transportation to or from the Activity site, I will be responsible for my own acts and for the safety and security of my vehicle and those who ride with me. I accept full responsibility for my safety and well-being and that of my passengers. I acknowledge that I am not covered by insurance through AS or CSUC. I further acknowledge that if I am a passenger in a private vehicle driven by another participant, I understand that AS or CSUC or any of their personnel or volunteers are not in any way responsible for my safety. I recognize that the AS insurance does not cover any damage, theft, or injury suffered in the course of my traveling in private vehicles.
8. I have read the foregoing; including the statement of risks associated with the activity, and acknowledge that I am acquainted with the dangers and risks of the activity. I represent that I am of the appropriate skill level and physical condition to undertake the rigors of the activity. If I have any doubts of my physical or mental condition, I will obtain written medical clearance for my participation. I have made a careful decision that I am willing to accept and assume all risks. Additionally I have read the foregoing provision on personal vehicles and understand that if I drive my own vehicle I am responsible for my actions. I understand the A.S. is not responsible for the safety of personal vehicles, or either provide insurance. I also understand that personal medical insurance is not provided by the A.S., and that I am responsible for obtaining proper personal insurance coverage or for paying any and all medical costs, including ambulance transportation and hospitalization, incurred by me as a result of my participating in the activity.
9. I acknowledge and agree that this Agreement and Acknowledgement of Risk is intended to be as broad and inclusive as permitted by the laws of the State of California and that if any portion of it is held invalid, the balance shall continue in full legal force and effect.
10. I agree that this Agreement and Acknowledgement of Risk Release shall be and remain in force throughout my participation in the Activity.

I have carefully read the foregoing representations, covenants, and agreements and know their content. I am aware that this is an acknowledgement of risk and I sign it voluntarily.

By typing or writing your name below, you are agreeing to the terms set forth in this Agreement and Acknowledgement of Risk, giving full authorization with this ink or electronic signature.

Print Name: _____

Date: _____

Signature: _____

IF UNDER 18 (only CSU, Chico students under 18 are permitted on trips):

Parent/Guardian Print Name: _____

Date: _____