

RADFORD UNIVERSITY

Department of Physical Therapy

Health/Educational/Curriculum/Activities Release Form

Assumption of Risk and Release of Liability

Please read this document carefully.

I, _____, am aware in signing this document for participation in all RUDPT events that certain elements of the program are physically, mentally, socially, and emotionally demanding. Furthermore, I understand that certain risks and dangers exist inherent in the activities in which I will be participating. The activities may include, but are not limited to, cooperative warm-ups, non-traditional group games, trust and problem-solving activities, and the low challenge course. The risks include, but are not limited to, loss or damage to personal property, injury or fatality due to inclement weather, slipping, falling, insect or animal bites, falling objects, or suffering any type of accident or illness on the activity site or while traveling to the activity site. I acknowledge that while the program and its staff will make every reasonable effort to supervise me, teach me proper techniques, and minimize exposure to known risks, all dangers (hazards and perils) associated with these activities cannot be foreseen. I have a personal duty and responsibility to learn and follow the safety standards, guidelines, and procedures established by my facilitators and will make them aware at any point during the activity in which I question my knowledge of the standards, guidelines, and procedures or my ability to participate.

I understand and assume all dangers (hazards and perils) and risks associated with these adventure program activities and waive all claims or causes of action arising from participation in RUDPT events. I do hereby release all persons and agents from liability whether caused by all negligence, strict liability or otherwise, which I may ever have against Radford University and its agents. Furthermore, I give my consent to the facilitators or other medical personnel to treat me in an emergency situation. My signature on this document is also intended to bind my successors and heirs.

Participant Name (printed) _____

Participant Signature _____ Date _____

Witness Signature _____ Date _____

Parent Guardian Signature (if under 18 years of age) _____
