

Adventure Education Agreement

Hofstra University's Adventure Education programs (hereinafter referred to as "Adventure Education") involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements and other rigorous physical adventure activities. The level of the participation in Adventure Education program activity is at all times completely up to the individual's choice, however, there is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury.

Every participant in Adventure Education must have health/accident insurance coverage. In addition, any health/medical condition that may affect your child's ability to participate in Adventure Education must be disclosed prior to participation. This information will be kept confidential. This form must be completed in full and returned to the camp office before your child can participate in this program.

Campers' Name _____

Do you carry family health/accident insurance? Yes No Indicate carrier: _____

Does the camper have any health/medical condition that may affect his/her ability to participate? Yes No

If yes, identify and explain: _____

Emergency Contact: Name _____

Contact Number _____ **Relationship to camper** _____

I, the parent or legal guardian of the camper named above, acknowledge and agree that my child's voluntary participation in Adventure Education involves vigorous physical activity, and that I have consulted my child's personal physician who has certified that he/she is fit to participate. I further acknowledge and agree that the risk of injury from the activities in this program is significant, including permanent paralysis and death, and while specific rules, equipment and personal responsibility may reduce the risk of serious injury, I knowingly and freely assume all such risks, known and unknown, on behalf of myself and my child, even those arising from the negligence of others, and I assume full responsibility for my child's participation. I willingly agree that my child will comply with the stated and customary terms and conditions for participation. If my child observes any unusual significant hazard during participation, I understand that it is my child's responsibility to remove him/herself from participation and bring such to the attention of the nearest official immediately; and I, for myself, and on behalf of my child, and my heirs, assigns, personal representatives and next of kin, hereby RELEASE, INDEMNIFY AND HOLD HARMLESS, HOFSTRA UNIVERSITY its trustees, directors, officers, employees, servants, representatives and agents from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of my child's participation in Adventure Education.

I agree to the terms and conditions stated above, have read this agreement and fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

X _____
Signature of parent of legal guardian