

Group:
Activity Dates:

AGREEMENT TO PARTICIPATE

COURSE DESCRIPTION:

The Venture Mobile Initiatives and Teambuilding Program consist of a number of active games, and physical problems to be solved though individual or group effort.

The Mobile Initiatives and Teambuilding program involves physical activities such as: a partner blindfolded walk, "the acid river" (crossing an area without touching the ground using boards to travel from "island" to "island"), a trust fall into the arms of fellow participants, a "spider's web" (passing team members through opening in a rope net), etc. Following introductions and a warm-up period, the group will be faced with increasingly complex challenges, followed by an opportunity to discuss the experience. Each participant is given the opportunity to decide whether to participate at each of the activities. The purpose of the initiatives could be to develop teamwork, enhance problem solving and communication skills, help develop leadership skills, and to have fun. Successful completion of the tasks is more dependent upon ingenuity, and effective group cooperation rather than upon physical strength.

PARTICIPANT AGREEMENTS AND REPRESENTATIONS

1. I am aware that participation in Venture Mobile Initiatives and Teambuilding Program exposes me to many risks of injury. While there have been few accidents involved with initiatives and games, one must be aware that injuries can occur including but not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of participating in the above activities may result not only in serious injury, but in a serious impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.
2. This Venture Activity is not a requirement for university students nor for others. I understand that I will be given the option to freely choose my level of participation and if I choose to participate, I hereby assume the risks associated with this Activity.
3. I agree to follow the rules and safety procedures established for the activities, and to obey Venture staff supervising these activities. The entire responsibility for safety is not the leader's. I, too, have a responsibility. For my own safe participation, and that of my fellow participants, I must call to the attention of the leader any situation which I perceive to be a potential danger to myself or fellow participants. This would include, but should not be limited to: equipment that has broken or is in need of repair, when I am not feeling well or am unduly fatigued, or when I have unusual difficulty in performing a skill.
4. I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. At any time I have the right not to participate in or to discontinue my participation in a specific activity with which I am not comfortable.

Agreed:

A. _____

Signature of Participant

Printed Name

Date

Please see the reverse side for parental agreements.

PARENT'S CONCURRENCE AND CONSENT

I am the parent or legal guardian of the participant whose signature appears above. I have had the opportunity to discuss the foregoing with my child/ward. He/she understands Items 1 - 4 above. I concur in my child's representations and agreements therein, and I consent to his/her participation in the course(s) described above.

B. _____

Signature of Parent or Guardian

Printed name

Date

RELEASE AND HOLD HARMLESS AGREEMENT

THIS IS A LEGAL RELEASE OF LIABILITY. READ CAREFULLY BEFORE SIGNING.

IN CONSIDERATION OF AND AS PART PAYMENT FOR THE OPPORTUNITY FOR MY SON OR DAUGHTER TO PARTICIPATE IN THIS PROGRAM, I HAVE AND DO HEREBY RELEASE AND WILL HOLD HARMLESS THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE AND ALL ITS OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, DEBTS, CLAIMS AND DEMANDS OF EVERY KIND AND NATURE WHATSOEVER, AND SPECIFICALLY INCLUDING ANY CLAIM FOR NEGLIGENCE OR NEGLIGENT ACTS, WHICH I OR MY SON/DAUGHTER/WARD NOW HAS OR WHICH MAY ARISE OUT OF OR IN CONNECTION WITH HIS / HER PARTICIPATION IN THIS ACTIVITY. THIS RELEASE SHALL NOT INCLUDE CLAIMS BASED ON THE INTENTIONAL, RECKLESS OR WILLFUL MISCONDUCT OF UNCC OFFICERS, EMPLOYEES OR AGENTS. THE TERMS HEREOF SHALL SERVE AS A RELEASE, INDEMNIFICATION, AND ASSUMPTION OF RISK FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS AND FOR ALL MEMBERS OF MY FAMILY.

C. _____

Signature of Parent or Guardian

Printed name

Date

MEDICAL RELEASE

In the event reasonable attempts to contact me at _____ (include your phone number) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by _____ (preferred physician and his/her phone number) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

D. _____

Signature of Parent or Guardian

Printed name

Date

Does your child have any health conditions that could affect his/her participation in this program or that the staff should be aware of? (Recent or chronic injuries, allergic to bee stings, asthma, diabetes, taking medications, psychiatric issues, etc.)

Yes ___ No ___ If yes, please explain.:

HEALTH INSURANCE INFORMATION

Please provide the following information on Health Insurance that provides coverage for your child .

Name of Insurance Company: _____

Policy number: _____