AGREEMENT TO PARTICIPATE

Venture Team Challenge Course & High Team Challenge Course

COURSE DESCRIPTIONS:

The Venture Team Challenge Course and High Team Challenge Course consist of a number of physical obstacles to be overcome through individual or group effort.

The Team Challenge Course involves a variety of team problem solving and trust building elements. Not all groups use all of the elements and the age, maturity, and physical abilities of participants are considered in choosing appropriate elements for each group. Examples of some of the elements include: a rope swing that takes the swinger as much as three (3) feet off the ground; a number of cables or boards to walk along that are one to two (1-2) feet off the ground; an eleven (11) foot wall to climb over; and a trust fall into the arms of fellow participants. Following 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 obstacles. The purpose of the challenges is 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.

The High Team Challenge Course involves team elements (such as a cargo net to climb, various cables to walk on with ropes and boards for support, and a zip wire event, etc.) All of these events happen in a telephone pole course, from 4 feet up to 40 feet above the ground. Climbing harnesses, climbing ropes and safety cables are used to protect the participants in case of a fall. A minimum of three (3) trained staff will be at the site to help ensure safety practices are followed. After instruction in how to put on the harnesses and use the safety systems, participants can enter the course. The focus of the program is "Challenge by Choice" and each participant is given the opportunity to decide whether and how to participate in the course. There are opportunities to exit the course without having to complete every element. The purpose is to enhance individual self confidence, develop teamwork, enhance problem solving and communication skills, help develop leadership skills, and to have fun. Successful completion of the course is more dependent upon one’s ability to act in the face of ones fears and on balance rather than upon physical strength.

PARTICIPANT AGREEMENTS AND REPRESENTATIONS

1. I am aware that participation in the Venture Team Challenge Course and High Team Challenge Course exposes me to many risks of injury. While there have been few accidents involved with challenge course activities, 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. Participation in these Venture Activities is not a requirement. I have freely chosen to participate. I hereby assume the risks associated with this Venture 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

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 of my child as 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 effect his/her participation in this program or that the staff should be aware of? 
(Recent injuries, allergic to bee stings, on medications, 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: _____________________________________________