

SOUTHERN METHODIST UNIVERSITY OUTDOOR ADVENTURES

TRIP REGISTRATION FORM

Release of Liability/Emergency Medical Treatment Consent

Participants must be 18 years of age or older

**PLEASE READ CAREFULLY BEFORE SIGNING
COMPLETE ALL SHADED AREAS AND RETURN TO OAC**

Today's Date: _____

TRIP NAME: _____

DATE(s): _____

Name (Print): _____

DOB: _____

Address: _____

Phone: _____

Street or Box, City, Zip

Email: _____

Height: _____

Weight: _____

RELEASE OF LIABILITY:

I am a (CHECK THE APPROPRIATE BOX BELOW & COMPLETE THE CORRESPONDING INFORMATION):

- Current SMU student, faculty or staff.....SMU ID#: _____
- SMU Alumni.....Year: _____
- GuestName of SMU Sponsor Attending the Trip: _____

I hereby acknowledge that I freely and voluntarily have chosen to participate with the Southern Methodist University's ("SMU's") Outdoor Adventures ("OA") Program. I hereby acknowledge that I chose to participate in OA knowing I would be required to sign this Release of Liability. I understand **participation in OA is completely voluntary** and is provided to enhance my educational and recreational experience in ways not available through activities solely on the SMU campus. I further understand and agree that OA is an activity for which SMU cannot exercise control, nor provide the same protection as it does in an on-campus setting and that I must secure my own health and/or accident insurance at my own expense. In consideration for the opportunity to participate in the activities OA will provide, **I have carefully read this Release and** hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

I understand and agree that transportation for OA has been arranged for me by SMU. I acknowledge that I accept such transportation at my own risk, understanding that such transportation may not be covered by any insurance policy owned by SMU. If OA transportation is not arranged by SMU, and I choose to take my own alternate transportation for the activity, I understand that I must provide my own automobile collision and liability insurance, at my expense, if I choose to drive, and that whatever mode of transportation I may choose will not be covered by any insurance policy owned by SMU.

I fully understand and agree that certain aspects of OA will be physically and emotionally demanding and that participating in OA, I face risks of accidental and/or other physical and/or emotional injuries. These risks include, but are not limited to, (1) loss or damage to personal property, (2) injury or fatality due to and/or related to, (a) travel to and from OA activity sites, (b) walking, running, jumping, swimming, and/or other physical activity, (c) inclement and unpredictable weather including lightening, wind, rain, snow, sleet, and flash floods, (d) outdoor terrain and conditions such as exposed ridges, altitude, fast moving water, cold water, strong currents and tides, and falling and rolling objects; (e) slips and falls; (f) environmental illness/injury such as but not limited to hypothermia, sunburn and/or heat exhaustion, (g) physical and emotional interactions with other participants and/or staff members, (h) exposure to wildlife, insect stings and/or animal bites; and (i) exposure to toxic plants such as but not limited to, poison ivy, poison oak, and poison sumac, (3) emotional or psychological stresses, and (4) suffering any type of injury or illness without immediate access to medical facilities, among others. **I am fully aware that I may suffer these or other injuries arising out of my participation with OA and I acknowledge that OA activities are dangerous. Nonetheless, I voluntarily choose to assume these risks and participate with OA.**

I have fully investigated the nature of OA, and I understand and assume the risks of my participation. I further represent that I am in good physical condition, and I do not possess, nor am I aware of, any physical or mental disabilities that might limit my participation in any OA activities except those for which I have requested and have received reasonable accommodations. Further, I understand and agree to advise OA's staff whenever I feel I am unable to continue my participation with OA. I also understand that OA staff members are not professional guides, instructors or outfitters. In addition, I promise to pay for any cost associated with evacuation, medical treatment, and loss or damage, including labor, materials and other, to SMU's property or another's property caused by my actions or actions of my invited guest(s).

I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN OA SHALL BE UNDERTAKEN BY ME AT MY OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY

INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION WITH OA, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MYSELF OR ON THE PART OF SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HERE BY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and I involving this Release of Liability in any way shall be Dallas County, Texas.

ACCEPTED AND AGREED:

Signature: _____ **Date:** _____

EMERGENCY MEDICAL TREATMENT CONSENT:

Due to the remote setting of some of Outdoor Adventures activities, access to hospital and medical facilities may be limited. Please sign below to provide consent for emergency medical treatment. Note that OA Trip staff has limited medical training, are not trained medical professionals, and may not be able to help if a serious accident or illness occurs.

All information is confidential and only released in a “need to know” or emergency situation.

Please identify all known ALLERGIES to foods, drugs, insect bites, dust, etc. and the nature of the reaction (if none, please put N/A):

If you are presently taking medication, please identify the medication and, if you choose, the reason for its use (if none, please put N/A):

List any persistent Muscular/Skeletal injuries such as dislocations, sprains, strains, etc.

List any surgeries or extended hospital/out-patient treatments in the last two years (include dates & condition)

EMERGENCY CONTACT: Name: _____ Relationship: _____

Phone: _____

I hereby authorize Southern Methodist University (SMU) to acquire, at my expense, any and all necessary emergency medical care I may require while I am participating in the Event. This authorization (**check one**) DOES DOES NOT authorize blood or blood products to be provided to me.

Signature: _____ **Date:** _____

SMU OA will strive to meet dietary preferences of our participants without jeopardizing the nutritional health and well-being of the other participants and staff (Please see Allergies above). Under some circumstances, additional expenses may be incurred by the individual for items not readily available.

Dietary Preferences/Restrictions:

1. _____ 2. _____ 3. _____ 4. _____