

VENTURE OUT
Assumption of Risk Form
(Please Print):

I, _____, wish to participate in recreational activities offered through The Venture Out Center, a Program of University Unions and Student Activities. In doing so, I agree to indemnify, defend, and hold harmless, Virginia Polytechnic Institute and State University and their officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from my participation in a Venture Out trip, provided that such liability is not attributed to the sole negligence of the University.

I understand that by participating in a Venture Out activity I am exposing myself to many potential hazards, including but not limited to, severe injury and/or death. The Venture Out staff strives to manage these risks, but many risks are beyond the control of the Venture Out Center staff. The following are a list of some of the inherent dangers and risks that may or may not be present on a Venture Out trip:

- Injury, illness, and/or any other incidents that may take place a considerable distance from 911 emergency systems with limited cell phone coverage
- Travel in a vehicle driven by someone other than myself
- Forces of nature including storms, lightning, wind, rain, snow, ice, cold, heat, changes in weather, and water levels
- Injuries to organs, muscles, joints, and bones
- Injuries inflicted by animals, plants, UV-rays, and/or other natural causes
- Physical exertion associated with outdoor adventure related activities (fatigue, muscle soreness, joint stiffness, and blisters)
- Exposure to fire (man-made, or natural)
- Hazards associated with water
- Potential hazards associated with backcountry navigation
- Problems resulting from improper use of equipment

I willingly choose to participate in the Venture Out Program. While participating, I will be responsible for my equipment, and myself. I understand that Virginia Tech does not carry medical insurance for participants involved with Venture Out and therefore I am responsible for my own medical insurance.

I am informed about and assume the risks associated with Venture Out related activities. I understand that I am responsible for my own decisions and subsequent actions.

Participant's _____ Date: _____

Signature: _____

Parent Signature: _____ Date: _____

(If under 18)

Participant Name: _____

Student ID #: _____

Insurance Company: _____

Policy #: _____

Please list any physical limitations and/or medical conditions that may affect your participation.

Please list any prescription medications that you are currently taking.

Please list any allergies to drugs, chemicals, dusts, foods, animals, or pollens.

Virginia Tech does not discriminate against employees, students, or applicants on the basis of race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation. Anyone having questions concerning discrimination should contact the Equal Opportunity and Affirmative Action Office. If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in these activities, please contact Jason Stancil with UUSA at 231-3750 during business hours of 9am-6pm M-F to discuss accommodations prior to the event.

DUTIES OF PARTICIPANTS

- Participants have the duty to act in a reasonable and prudent manner when engaging in recreational activities offered by Venture Out
- Participants may not participate in any Venture Out adventure related activity while under the influence of alcoholic beverages and/or controlled substances
- Participants may not engage in harmful conduct or willfully and/or negligently engage in any type of conduct, which contributes to or causes injury to any person or personal property
- Participants may not interfere with the safe running and operation of the expedition, including failure to use safety equipment provided by Venture Out or failure to follow the trip leader's instructions in regard to the safety and conduct
- Participant must inform or notify the trip leader of any incident or accident involving personal injury or illness experienced during the course of a Venture Out related activity. If such injury or illness occurs, the participant shall leave personal identification, including name and address with the Venture Out Center
- Participants must advise trip leader or the trip guide of any known health problems or medical conditions along with any prescription medication that may be used in the treatment of such health problems during the course of the Venture Out activity
- I, the participant, agree to abide by all Venture Out, UUSA, and University policies and procedures. I agree that I will support an alcohol/drug free environment by not consuming an alcohol or drugs during this event. I also agree to follow the instruction and guidance of the university sponsor

PARTICIPANT INFORMATION AND AUTHORIZATION TO USE PHOTOGRAPHS

Trip Title: _____ Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

Address: _____

Phone: _____

Relation: _____

Have you ever been on a Venture Out Trip? _____

How did you hear of us? _____

By completion of this form, I irrevocably authorize Venture Out and UUSA to copyright, use, and publish for any legal purpose, any and all photographs of me or the previously mentioned minor which may be taken during this expedition without further compensation to me. All photographs shall be solely the property of The Venture Out Center.