

Oregon State University
Department of Recreational Sports
Adventure Leadership Institute
Assumption of Risk and Liability Waiver
(Water)

Trip: Environmental Leadership for Youth Willamette River Trip

Program Date: July 27, 2023

Name: _____

Address: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Physician: _____ Phone: (____) _____

Briefly describe your experience level in this activity: _____

Note: Before Signing, carefully read the statement below. Do not sign unless you fully understand the risks of the program.

I, the undersigned, have enrolled in the program specified above, offered by the Adventure Leadership Institute, Oregon State University. I understand that participation in activities in the outdoors involves a certain degree of risk and danger. These risks may include but are not limited to

- **Hypothermia** – *a lowering of the core internal body temperature.*
- **Water Hazards** – *an obstacle or condition that is capable of harming a boater including hard objects (rocks, logs, ledges, etc.) and hydraulics.*
- **Water Immersion** – *being immersed in water (whether you choose to or not).*
- **Falls** – *loss of balance (objects in train, uneven terrain, etc.)*
- **Strains/Sprains** – *ligament fibers or muscles stretched or torn from overuse or overexertion.*
- **Inclement Weather** – *adverse weather conditions*
- **Forces of Nature**
- **Travel** – *to and from the program area*
- **Physical/Mental exertion/exhaustion**

In consideration of being able to participate in this program, I fully and voluntarily accept these risks. I hold Oregon State University, the Adventure Leadership Institute, and all of their officers, agents, and employees harmless for any liability associated with my actions or the actions of a third party in the event I suffer either injury, death, or property damage while participating in the program.

I am aware that the State of Oregon does not provide medical insurance coverage and therefore take full responsibility for my personal insurance.

I am aware that I am solely responsible for my own equipment, supplies and personal property during this program.

I am aware that I am participating in this activity with a diverse group of individuals. I am responsible for my behavior and will conduct myself in a manner that is courteous and considerate of other participants.

I am aware that if I drive or provide my own motor vehicle for transportation to, during, or from the program site, I am responsible for my own acts, for vehicle insurance, and for the safety and security of my own vehicle. I also agree if I am a passenger in such a private vehicle, that Oregon State University, the Adventure Leadership Institute, and their personnel are not responsible for the safety of this transportation.

Please Check One

I represent that I am physically and emotionally able to participate in this event, and I understand that no one connected with the OSU Adventure Leadership Institute will undertake the responsibility to determine my ability to participate.

I have a condition that may limit my ability to safely participate in these activities. I request the following accommodations or restrictions: _____

List any drugs or medications you are currently taking that might affect your health in the event emergency medical treatment is necessary.

Do you have any known allergies?

No Yes Describe:

Do you have first aid or medical training?

No Yes Describe:

Photo Release

Please check one of the following:

Yes, I give permission for Oregon State University to use any photographs taken of me or written comments I make during this activity in advertising and marketing material.

I recognize and acknowledge that UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release UNIVERSITY to disclose these recordings in whole or part to the general public along with my name, likeness, and biographical material without restrictions or limitations for any educational or promotional purpose.

No, I do not give permission for Oregon State University to use photographs or comments in advertising and marketing material.

Name (print): _____ Date: ____/____/____

Name (signature): _____

Parent/Guardian Signature: _____ (If participant is under 18 years of age)