was not indicated on your medical form, you will not receive a refund and any costs associate

If you are unable to participate physically in a program because of a pre

Participants with a variety of medical/psychological difficulties have successfully completed similar programs over the

For any emergency anesthesia, operation, hospitalization, or

Consent is hereby given for the applicant to attend a Boise State University Outdoor Program activity. Permission is given

for any emergency anesthesia, operation, hospitalization, or other treatment that might become necessary. Many

participants with a variety of medical/psychological difficulties have successfully completed similar programs over the

years. Failure to disclose information about any pre-existing medical conditions could result in serious harm to you and

your fellow participants. If you are unable to participate physically in a program because of a pre-existing condition that

was not indicated on your medical form, you will not receive a refund and any costs associated with your departure from

the activity will be paid solely by you. Please be honest with us so that we can help accommodate your needs.

Participant Signature: ____________________________ Date: ____________________________
I understand that the risks include, by way of example and not limitation, the following: Accidents that may occur while being transported to and from the activity sites; danger of falling from high places; all dangers associated with water crossings and water activities; danger of being lost in a wilderness area; possibility of being exposed to extreme temperatures for long periods and without food, water, and comforts; sudden weather changes; failed rescue or evacuation attempts; property damage loss; faulty equipment; the actions of others, and the possibility of serious injury, pain, mental or emotional trauma, and/or death. I FULLY REALIZE THE DANGERS OF PARTICIPATION IN AN OUTING OF THIS TYPE AND VOLUNTARILY ASSUME ALL OF THE RISKS ASSOCIATED WITH SUCH PARTICIPATION.

Initial

In consideration of the acceptance of my participation in a Boise State University Outdoor Program recreational outing, trip, workshop, activity, or service project, I hereby agree to and make the following contractual representations and agreements. I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the activity. With these demands in mind, I have no physical or mental condition, to my knowledge, that would endanger myself or others if I participate in the program. I agree to abide by any University or Outdoor Program rules and regulations, INCLUDING NO ALCOHOL, TOBACCO, OR ILLEGAL DRUGS WHILE PARTICIPATING IN THIS PROGRAM.

Initial

I understand and agree that situations may arise during the recreational outing, trip, class, workshop, activity, or service which may be beyond the control and scope of knowledge of the program leaders or participants. I RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS the State of Idaho, Boise State University, Campus Recreation, Outdoor Program and each of their officers, agents, and employees including, without limitation, program directors, staff, paid and volunteer leaders, and other program participants, from any and all loss, damage, injury, cost, liability, and expense whatsoever arising from or in connection with my participation in the recreational outing, trip, class, workshop, activity or service identified or contemplated herein. I understand and agree that this agreement shall be governed by the laws of the State of Idaho; that jurisdiction for any legal action arising in connection with my participation, and/or, under this agreement, shall lie in the District Courts of the State of Idaho; and that the Fourth Judicial District of the State of Idaho in and for the County of Ada shall be an appropriate venue for the handling of such actions.

Initial

I agree that I shall be primarily responsible for payment of any losses or expenses incurred by me or my dependents in connection with my participation in the recreational outing, trip, class, workshop, activity, or service identified or contemplated herein, whether by virtue of my own negligence or otherwise. I agree that I shall obtain and/or maintain personal insurance coverage in amounts I deem appropriate for myself and/or my dependents, within my independent judgment and discretion, sufficient to protect me and my dependents against any such losses or expenses, whether the result of personal injury, death, disability, loss or injury to property, personal negligence, or otherwise. I acknowledge that Boise State University has assumed no duty to advise me as to what insurance coverage, if any, might be necessary, advisable, or appropriate for me or my dependents, and that I have not relied in any way upon Boise State University, its officers, agents, or employees in making such determinations for myself or my dependents.

Initial

I agree to be responsible for my own actions and conduct in connection with my participation in the recreational outing, trip, class, workshop, activity, or service identified or contemplated herein. I further agree to indemnify Boise State University and the State of Idaho for any and all losses, claims, actions, judgments, costs, damages, and liabilities incurred by Boise State University and/or the State of Idaho by virtue of my own willful or tortuous conduct in connection with such participation.

Initial

I consent to the administration of medical treatment which may be required as determined by any employee or agent of Boise University. I further release any person who procures or renders such medical services from and against any and all liability which arise out of or be attributable to the requesting of or performance of such medical services.

Initial

I hereby agree to permit Boise State University Campus Recreation Outdoor Program employees, agents, and other guests to take photographs and make film records of the trip without further recourse. I understand and agree that such photographs and/or film used for commercial and/or promotional purposes.

Initial

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT THE BOISE UNIVERSITY CAMPUS RECREATION OUTDOOR PROGRAM RESERVES THE RIGHT TO DISMISS ME FROM THE PROGRAM DUE TO INAPPROPRIATE BEHAVIOR, LACK OF REQUIRED EQUIPMENT, OR ANY OTHER REASON, WITHIN ITS DISCRETION, THAT MAY JEOPARDIZE THE SAFETY OF THE PROGRAM. I AM AWARE THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN ASSUMPTION OF RISK, AN AGREEMENT NOT TO SUE AND A CONTRACT BETWEEN MYSELF AND BOISE STATE UNIVERSITY, AND HEREBY SIGN THIS AGREEMENT OF MY OWN FREE WILL. I AGREE THAT, SHOULD ANY COURT OF COMPETENT JURISDICTION DETERMINE THAT ANY PROVISION OF THIS AGREEMENT IS INVALID, ILLEGAL, IMPRACTICABLE, OR UNENFORCEABLE, THAT PORTION SHALL BE DEEMED SEVERED FROM THE REST, AND THE REMAINDER OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT.

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**Participant's**
Signature: ___________________________  Date: ___________________________

**Participant's Name**
(printed): ___________________________  Phone: (____) __________

**Date of Birth:** ___________________________