

**CENTRAL MICHIGAN UNIVERSITY
INFORMED CONSENT AND RELEASE
CLIMBING, RAPPELLING AND HIGH ROPES COURSES**

I have been informed and fully realize there are dangers and risks to which I may be exposed while participating in this planned activity. These risks may include the possibility of slight or severe bodily injury, or death, from hazards including but not limited to:

- 1. Injuries resulting from falling or crashing into walls.**
- 2. Injuries resulting from rope abrasions, entanglement and other injuries that may result from activities or other persons, including climbing, belaying, rappelling and high ropes elements.**
- 3. Injuries such as abrasions or cuts resulting from contact with the climbing wall, holds, ropes course or equipment.**
- 4. Injuries resulting from falling climbers, equipment, climbing hardware, etc.**
- 5. Injuries resulting from any equipment failures, including, but not limited to, failures of ropes, harnesses, anchor points, or any part of the climbing structure.**
- 6. Injuries resulting from not following proper and customary personal safety procedures and the Safety Policies and Procedures of CMU which form a part of this agreement.**
- 7. Injuries resulting from the negligence of other climbers, participants, spectators or users of the facility, including belayers or spotters.**
- 8. Injuries resulting from personal physical and mental limits, including fatigue, dizziness, mental stresses, which may diminish reaction time and increase risk of accident, personal strength, coordination, sense of balance, and ability to follow or give directions while climbing, belaying, or repelling.**

I understand that Central Michigan University does not require me to participate in this activity, but I want to do so, despite the possible risks and this Release.

I therefore freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I release Central Michigan University, its Board of Trustees, employees, and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with this activity. I understand that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Central Michigan University, or any of its employees or agents, including but not limited to negligence, mistake, or failure to supervise. I understand that this Release does not apply to instances of intentional misconduct by a University employee or agent.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Central Michigan University, its Board of Trustees, employees or agents from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Central Michigan University, including, but not limited to, owners or contractors providing equipment or other services.

These releases are effective for me, my personal representative, assigns, and heirs.

**I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS, AND
VOLUNTARILY SIGN THIS RELEASE.**

Print Participant's Name: _____ D.O.B.: _____ Age: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

Signature of Participant: _____ Date: _____

(parent or guardian, if participant under 18)

(June 2003)