

**Virginia Wesleyan College**  
**Outdoor Achievement Center**  
**Alpine Tower and Ropes Course Information**

Congratulations on your enrollment in this experience! We look forward to getting to know you and assisting you during your experience. To prepare for your participation, the following are some things to consider.

**Attire:**

There is a good possibility that you could get dirty during your experience. Please wear clothing and shoes that you will not mind “scuffing” up a bit. During rainy or wet days we do not use the ropes course. If a rain storm arrives we will leave the course so there is a small chance you may get a little wet.

*Clothing should be:* loose, comfortable, casual, durable, long pants or sweats are preferred, you may wear shorts but you increase your chances of getting scraped.

*Shoes should be:* low heeled, comfortable such as running shoes or sneakers, able to get dirty, or wet.

*Jewelry, watches, and non-prescription sunglasses:* are not allowed on the course so please do not wear or bring these.

*Glasses and contact lens wearers:* please take any precautions you would normally during participation in outdoor activities. If you wear glasses consider using a restraining strap so they do not fall off.

*Tobacco products, gum and candy:* are not allowed on the ropes course.

**Who may participate?**

Since the ropes courses and Alpine Tower require a bit of climbing, bending, reaching, swinging, balancing, lifting and other physical activities anyone of “adequate” physical condition may participate. The course director will determine whether your condition is “adequate” for the planned experience based upon your responses to the attached medical information section. To maintain our outstanding safety record the course director will make conservative judgements so as to best protect you against injury. For this reason it is mandatory that you complete the medical information section honestly. Lastly, the ropes course follows the principle of **challenge by choice**. This means that at any time should you wish to stop your participation (permanently or just temporarily) you may do so without any question or penalty. Just let a ropes course facilitator present know that you wish to stop your participation.

**Positive Attitude!**

The most important thing you can bring to the ropes course is a positive attitude. You will be asked to do new things, help other members of your group, and be enthusiastic. PLEASE remember to bring your positive attitude to get the most from the experience.

**Forms to be Completed**

Attached you will find a participant assumption of risk, release and agreement form as well as a medical coverage and history form. Please complete and return these to the leader of your group so that he/she may have them reviewed prior to your experience. It is very important that they be completed honestly. As well, if the participant is a minor the forms must be completed and signed by a parent or legal guardian. Any questions regarding the forms should be directed to the outdoor Achievement Center Director Dr. Doug Kennedy at (757) 455-3305.

Virginia Wesleyan College  
Outdoor Achievement Center

PARTICIPANT ASSUMPTION OF RISK,  
RELEASE, AND AGREEMENT

In consideration of the services of Virginia Wesleyan College its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as "VWC"), I hereby agree to release, indemnify, and discharge VWC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. VWC programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in Alpine Tower and ropes course activities. The risks include, among other things, the potential for: slips, falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases. Furthermore, VWC instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless VWC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of VWC equipment or facilities, including any such claims which allege negligent acts or omissions of VWC.

3. Should VWC or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

5. In the event that I file a lawsuit against VWC, I agree to do so solely in the Commonwealth of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against VWC on the basis of any claim from which I have released it herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for  
participants under the age of 18)

In consideration of (print minor's name) \_\_\_\_\_ ("Minor") being permitted by VWC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless VWC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Medical Coverage and History

(Note: this information is kept in confidence by the director, and will not be revealed to other participants. If so desired, it may be returned in a sealed envelope) **Please complete all information below. This must be completed by a parent or legal guardian for all participants under 18 years of age.**

**PLEASE PRINT PARTICIPANT NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Signature of person completing this form:** \_\_\_\_\_

If completed by a parent or legal guardian please include name, relationship, and age below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Does participant have health insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of company: \_\_\_\_\_

Please check if participant presently has, or previously has had, any of the following. **Provide detail below for any checked.**

\_\_\_\_\_ Problems with hearing or wear a hearing aid.

\_\_\_\_\_ Dizzy spells, fainting, convulsions

\_\_\_\_\_ Shortness of breath

\_\_\_\_\_ Chest pains

\_\_\_\_\_ Palpitations of the heart, irregular heartbeat, heart murmurs

\_\_\_\_\_ Low or high blood pressure

\_\_\_\_\_ Heart attack

\_\_\_\_\_ Hernia

\_\_\_\_\_ Chronic pain in neck, back, shoulders, arms or legs

\_\_\_\_\_ Broken bones, joint dislocations, serious sprains, weakness of muscles

\_\_\_\_\_ Any severe injury to head, chest, or internal organs

\_\_\_\_\_ Any surgeries. Please list: \_\_\_\_\_

\_\_\_\_\_ Severe illness requiring hospitalization or prolonged incapacitation

\_\_\_\_\_ Episodes of depression, anxiety, hysteria, or nervousness

\_\_\_\_\_ History of diabetes, thyroid trouble, or bleeding problems

\_\_\_\_\_ Currently on any medications

\_\_\_\_\_ Hypoglycemia

\_\_\_\_\_ Currently pregnant

MEDICAL COVERAGE AND HISTORY PAGE 2.

PARTICIPANT NAME: \_\_\_\_\_

1. Any pre-existing medical conditions that staff should be aware of that would limit participant participation?

Yes No If yes, please explain: \_\_\_\_\_

2. Is Participant currently taking any prescription or non-prescription medication?

Yes No If yes, what are they and what are they for? \_\_\_\_\_

6. Any problems foreseen in participating in the upcoming Alpine Tower, High, or Low Ropes experience due to a lack of regular exercise? Yes No If yes, please explain: \_\_\_\_\_

7. Does the participant feel any pressure or coercion from employer or others to participate? Yes No

8. Does the participant have a disability that will require accommodation to participate?

Yes No If yes, please indicate the functional implications and any concerns about participation related to the disability. \_\_\_\_\_

In case of emergency, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Person completing form: Please read and sign. I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_