PISGAH PROGRAM AT GENEVA COLLEGE

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In Consideration of the services of the Pisgah Program at Geneva College, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as the "PPGC"), I hereby agree to release, indemnify, and discharge the PPGC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as caving, rock climbing, backpacking, canoeing, white water rafting and canoeing, and high and low challenge 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. Furthermore, the PPGC guides/instructors/facilitators 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, the elements, or the terrain. They may give inadequate warnings or instructions, and equipment being used might malfunction.
2. 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.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the PPGC 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 the PPGC's equipment or facilities, including any such Claims which allege negligent acts or omissions of the PPGC.
4. Should the PPGC or anyone acting on their 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.
5. 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 have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
6. . In the event that I file a lawsuit against the PPGC I agree to do so solely in the state of Pennsylvania, 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 the PPGC on the basis of any claim from which I have released them 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(s) of Activity:_____ Date signed: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____being permitted by PPGC to participate in its activities and to use its equipment and facilities; I further agree to indemnify and hold harmless PPGC 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.

Signature of Parent or Guardian: _____ Printed Name of Parent/Guardian:_____

Date (s) of Activity:_____ Date signed:_____

Geneva College Confidential Medical Information Form

Name: _____ Birthdate: _____/_____/_____ Circle: MALE FEMALE

Home Address: _____ City, State, Zip _____

Home Telephone #: (____) _____-_____ School Telephone #: (____) _____-_____

Family Physician's Address & Phone: _____

Person to be contacted in case of illness or Injury:
Contact's Name: _____ Relationship to you: _____

Address: _____

Phone: _____ Business Phone: _____ Cell Phone: _____

MEDICAL HISTORY

Name any illness or condition for which you are now under treatment and list any medications you are currently taking (including over the counter medications):

If you have now, or have had, any of the following symptoms/conditions, please check "Yes" if not check "No":

Symptoms or Conditions	YES	NO	Symptoms or Conditions	YES	NO
1. Dizziness, loss of consciousness, or recurrent headaches			7. Do you have Asthma?		
2. Eye, ear, nose, throat or sinus symptoms			8. Symptoms related to the gastrointestinal tract, recurring abdominal pain, etc...		
3. Impairment of sight, hearing, or speech			9. Albumin, sugar or blood in urine; kidney stone or other urinary difficulties		
4. Chronic cough or coughing up of blood			10. Muscle, joint or back pain, bursitis		
5. Chest pain, palpitation, heart murmur, high blood pressure, heart condition			11. Any condition limiting you from participation on this challenge course		
6. Leg cramps, varicose veins, or varicose ulcer					

Give details on back of this form to any number above that you checked "YES":

List any medications/drugs (Penicillin, sulfa, tetanus antitoxin, etc…) or bites/stings to which you are allergic:

In the event of an emergency I hereby give permission to the physician selected by the instructor to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery.

Print your name: _____ Date: _____

Signature: _____

Insurance Company & Heath Policy Number: _____