Wright State University
Outdoor Resource Center
Release, Waiver of Liability
Assumption of Risk

The Wright State University Outdoor Resource and Adventure Center (ORAC) is committed to conducting the high adventure, recreation programs in a safe manner and holds the safety of participants in high regard. The ORAC continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants’ safety. However participants and parents/guardians of minors registering for programs must recognize that there is an inherent risk of injury when choosing to participate in outdoor adventure, recreational activities.

You are solely responsible for determining if you or your minor are physically fit/ or skilled for the activities contemplated by this agreement and that you have no known medical or physical condition which could interfere with the safety of other participants. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered any illness, injury or impairment, to consult a physician before undertaking any physical activity. Wright State University carries no accident coverage on participants and the cost of medical attention and/or hospitalization will be the sole responsibility of the individual participant and/or their parent or guardian.

High Risk Activity - Warning of Risk

High-risk activities engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activities. Not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, equipment failure, and all other circumstances inherent to recreational activities exist. Participation in this activity presents this risk of physical injury, these injuries may be substantial and permanent, including but not limited to, fractures, muscle strains, sprains, bruises, and even in some circumstances paralysis and death.

Assumption of Risk

I hereby certify to Wright State University that I have no known medical problems or conditions, which would in any way prevent me from participating in this high adventure activity. I understand and voluntarily assume responsibility for any injury, loss, or damage resulting directly or indirectly from my participation in this activity including transportation to and from the below mentioned location where the event is being held and will not institute any negligence or other claim against Wright State University, the Outdoor Resource and Adventure Center staff, its agents, or any other persons who could be held liable either in their individual or official capacities. I agree to hold the above named parties harmless from any liability for any personal or property injury. I hereby fully release and discharge Wright State University from any negligence or other claim for liability, loss, or damage. In addition I understand and agree that Wright State University and the ORAC can not be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of such treatment will be my responsibility.

I have read and understand the foregoing statements and voluntarily sign this assumption of risk with full knowledge of its significance.

Signature _________________________________________ Date _________________________________

_________________________________________________ Trip Participating _______________________

Print full name

For Minors: If the participant is not yet eighteen (18) years old, the parent or guardian must sign the following:

I am the parent/guardian of the above minor child, and have full authority to authorize the above release which I have read and approved.

Parent’s Signature _________________________________________ Date _________________________________