

Bemidji State University

Outdoor Program Center/No Boundaries

ASSUMPTION OF RISK and LIABILITY RELEASE

Participating in a No Boundaries program requires the participant to be outdoors and take part in adventure activities. Consequently, the participant may be exposed to certain risks due to unpredictable weather conditions and natural or human hazards.

The following is a list of the potential hazards inherent to this program. This is not intended to be a complete listing as other injuries are possible.

- Physical limitation due to environmental factors that can cause sunburn, hypothermia, or frost bite.
- Head, neck, and spinal injuries which may result in complete or partial paralysis and/or brain damage due to fall from height.
- Injury caused by burns resulting from lightning or contact with an open flame.
- Injury or impairment caused by an accident while being transported by personal vehicle, college or rental vehicle, or commercial carrier of any type, or while loading and unloading the vehicle.
- Illness due to exposure of lymes disease, rabies or other diseases that can cause life threatening illness and/or other allergic reactions by plants or virtue of being bitten by insects or animals.
- Injury due to hunting related accidents particularly since our programs run through various hunting seasons.
- Illness due to infection caused by cuts, lacerations, punctures, avulsion, amputation, fractures, internal bleeding, and other soft tissue injuries.
- Illness due to unanticipated exacerbation of underlying medical conditions such as, but not limited to, epilepsy, or diabetes.
- Injury to any bones, joints, ligaments, muscles, tendons, and other components of the musculoskeletal system due to overuse injuries or traumatic accidents.
- Illness due to exposure to communicable diseases such as HIV, hepatitis, cold/flu virus, etc.; or non-communicable diseases such as giardia.
- Injury or infection of eyes, ears, and other vulnerable tissues.
- Illness or serious injury resulting from being lost or separated from the group.
- Injuries may also result from conditions and situations that are completely unpredictable.

The participant must understand that any injuries and/or illnesses sustained during this program may be serious and/or permanent. The participant must also understand that any of the hazards mentioned above can ultimately lead to death. To minimize this risk, the instructor must be aware of any existing physical, mental, or emotional conditions the student may have that could in any negative way affect, or be affected by, participation in the No Boundaries Program.

Please put a **check mark** next to any conditions applicable to you and make sure to inform your instructor if any apply. If you have a condition that is not seen on the list please write it in the "other" space.

- Dizzy spells, fainting, convulsions, persistent headaches.
- Shortness of breath, or asthma on exertion.
- Chest Pains on exertion or deep breathing.
- Low or high blood pressure.

- Hernia
- Chronic pain in neck, back, shoulders, arms or legs.
- Broken bones, joint dislocation, serious sprains, weakness of muscles.
- Any OTHER medical conditions not listed above.

Please explain: _____

By signing this form, the participant, states that he/she: (1) has informed the instructor , in writing, of any existing conditions that may be affected due to the nature of the program, (2) is aware of and understands the potential hazards, and (3) chooses to voluntarily participate.

NOTE: BSU does not provide health/medical insurance for course participants, therefore, you are responsible for health care costs incurred during this course.

BSU Student (circle year: Sr. Jr. Soph. Fresh.) BSU faculty/staff Non-BSU

Date of Birth _____

Please **Print** Name: _____

Address _____ City _____ State _____ Zip _____

Participant Signature: _____

Guardian Signature (if under 18): _____

RELEASE OF LIABILITY

The undersigned assumes all responsibility for and all risk of damage, injury, or loss of property that may occur to the undersigned as a participant in Bemidji State University's No Boundaries Program while using course facilities and equipment. In consideration of being accepted as a participant, the undersigned hereby releases and discharges Bemidji State University, Campus Recreation, Outdoor Program Center, No Boundaries, its faculty, staff, administrators, trustees, and employees from all claims, demands, rights of causes of action, present and future, whether known or unknown, and resulting from the undersigned's participation in the above stated program.

I have read and understand the Assumption of Risk and Release of Liability

On the _____ day of _____, 2003.

Participants Signature: _____

Guardian Signature (if under 18): _____