

WOU OUTDOOR RECREATION PROGRAM

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Departure Date/Time: \_\_\_\_\_ Expected Return Date/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Circle One: WOU Student Faculty/Staff Other

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Assumption of Risk and Liability Waiver**

**NOTE:** Carefully read the statements, do not sign unless you fully understand the statement and risks of this program.

I, the undersigned, have enrolled in the program specified above offered by the WOU Outdoor Recreation Program. I understand that participation in activities in the outdoors by their very nature are inherently dangerous and involve a certain degree of risk and danger. These risks may include, but are not limited to the hazard of traveling in mountainous, aquatic or wilderness terrain; accident; illness; the forces of nature and travel to and from the activity site. I am aware that it is not possible to foresee all of the potential hazards of wilderness activities. I fully and voluntarily accept these risks.

I hold Western Oregon University, the Outdoor Recreation Program, and all of their officers, agents and employees harmless for any liability associated with my actions or the actions of a third party in the event I suffer injury, death, or property damage while participating in the program. I indemnify Western Oregon University for my negligent actions. I am aware that I am solely responsible for my own equipment, supplies and personal property during the course of the program. I am aware that if I provide transportation for myself or others, or am a passenger in a private vehicle, I am responsible for my own vehicle insurance and the safety and security of my own vehicle.

I also agree that if I have any reason, or the Outdoor Recreation Program has any reason, to question my physical or mental ability to participate in the specified program, I will acquire a physician’s opinion prior to the activity. I will make this information available to the Outdoor Recreation Program. I am aware that the State of Oregon does not provide medical insurance coverage and therefore take full responsibility for my personal insurance. To the best of my knowledge, I am physically and mentally able to assume full participation in the Outdoor Recreation Program and the activity listed. (Please see Health Statement on reverse side.)

The Outdoor Recreation Program does not provide professional guides, leaders, or instruction. Resource people are available to share skills, and each participant is a common adventurer responsible for their own decisions. I am responsible for my behavior and will conduct myself in a manner that is courteous and considerate of the diverse group of individuals that may also be participating in this activity.

**Refund Policy**

A full refund will be issued if; 1) the program is cancelled by the Outdoor Recreation Program or 2) the registered participant gives notice prior to the registration deadline.

A partial refund (minus a 10% administrative fee) will be issued if; 1) the registered participant presents a signed medical statement from qualified medical personnel stating the individual is (was) unable to participate due to injury/illness or 2) if the registered participant does not give notice prior to registration deadline and a replacement participant can be found. (If a replacement participant can not be found, no refund will be given.)

Many of the programs are preplanned for a set number of participants. When you register and pay, you obligate yourself to a place in that program. Once a registration deadline is reached, the Outdoor Recreation Program may reserve tickets, space, etc. with a prepayment. Therefore, the Outdoor Recreation Program can not refund your money if you do not show up for a program. (All notices must be submitted in writing.)

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Signature of Parent/Guardian (if under 18)**

\_\_\_\_\_  
**Date**

