**Slippery Rock University of Pennsylvania**

**Slippery Rock University Leadership Development**

# Name

Campus Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone

Slippery Rock University of Pennsylvania of the State System of Higher Education release form:

I voluntarily desire to participate in an activity described as team building challenge course and/or higher ropes course activities. I am aware of the hazards and risks, which may arise through participation in the activity. The hazards may include, but are not limited to: falling, slipping, lifting, and equipment failure. The risks may include, but are not limited to damage to personal property and bodily injury, which could be severe.

That in consideration of my participation in the activity and the receipt of educational and other benefits there from, I hereby voluntarily assume all risks of accident or loss of personal property and hereby release, acquit, and forever discharge Slippery Rock University (which includes its agents, employees, trustees, and assign) from every claim, damage liability, demand, action, or cause of action of any kind sustained from or connected with my participation in the activity.

By signing this release, I hereby certify that I have read and fully understand the above mentions and that it prevents me from suing the University for injuries rising from the activity.

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Participant’s Signature

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Co-Signature of Parent of Guardian if under 18 years of age