

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Radford University Department of Recreation, Parks & Tourism  
RU-Adventure Based Learning Experience (RU-ABLE)

**Release from Liability**

**I, the undersigned in consideration of being permitted to participate in a trip for educational/recreational purposes do hereby release Radford University and RU-ABLE from any and all claims for damage to property, bodily injury, or death arising from or connected with said trip. This release is given by me freely and binds not only me, but also my heirs, assigns and legal representatives.**

I affirm that I am aware that the trip may include inherent risks of injury or death to myself. Attendant risks include but are not limited to collision, falling, trauma, as well as environmental risks. Environmental risks and hazards include but are not limited to insects, snakes, and predators; falling and rolling rocks; lightning, exposure to extremely cold water and inclement weather. Possible injuries and illnesses include but are not limited to drowning, hypothermia, frostbite, altitude sickness, sunburn, heatstroke, dehydration, and other mild or serious conditions.

To further the conservation and non-proliferation of caves I will not return to caves that I have been to with RU-ABLE. By returning to the cave without RU-ABLE or another competent, responsible caving group I endanger myself, access to the cave for future cavers and the cave environment. I realize that caves are unique, sensitive and dangerous environments. It is with these factors in mind that I pledge not to return to the cave unless it is with a competent, responsible caving group.

I, the applicant, (parent or guardian of participant if under eighteen) declare that:

1. I agree to abide by the rules and regulations imposed by the agency and its staff.
2. I understand and appreciate that there are a number of inherent risks involved in the activity, which are beyond the control of the sponsoring agency or its staff, and I agree to assume such risks personally.
3. I understand that every care and attention will be given to the health and comfort of the participants, but the agency and/or leadership of the staff shall not be responsible for any injuries sustained.

I hereby authorize the leader(s) of the event, at their sole discretion, to secure such medical advice and/or services as may be deemed necessary for my health and safety or that of my daughter/son/ward, and I agree to accept full financial responsibility for such advice and/or services.

Releaser has read the forgoing clauses and understands the risks of participating in the RU-ABLE program. Releaser agrees to participate in the program and abide by the forgoing clauses while participating. Releaser understands that failure to abide by the clauses may result in his/her termination from participating in the program.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If the student/participant is under 18 years of age, I am signing as parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Radford University and RU Outdoors from any claim which may be brought by or on behalf of the student/participant, or any member of the student/participant's family, for injury or loss resulting from those inherent risks of the activity, described and not described above, and from the negligence of the student/participant.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_