

Berry College BOLD Program

Informed Consent: Challenge Course

Risks	Prevention	Solution/Treatment
Strains, sprains, dislocations, or broken bones	Climb within abilities.	Administer proper first aid. Inform Staff of injury for assistance.
Blisters, hot spots and soreness	Wear properly fitted footwear, clothes, and equipment.	Inform Staff of the discomfort for assistance.
Frostnip, frostbite, hypothermia	Wear proper clothing (gloves, wool socks, etc.) Eat and drink proper amounts.	Get to warm area and warm affected body parts slowly.
Sore muscles	Climb slower, carry less weight, take more breaks. Stretch before program begins.	Inform Staff of the discomfort for assistance.
Dehydration	Drink plenty of water (a liter every couple of hours).	Rest and slowly drink plenty of water.
Scrapes and cuts	Climb within abilities. Wear proper clothing.	Inform Staff of any injuries.
Heat exhaustion or heat stroke	Wear proper clothing. Rest if you become too hot. Drink plenty of fluids.	Rest in shaded area, drink plenty of fluids. If signs of heat stroke are evident, seek medical attention.
Getting hit by a falling object	Be alert. Wear a helmet.	Inform Staff of injury for assistance.
Hair, clothing, or jewelry getting caught in pulleys or other parts of the challenge course	Tie back long hair. Remove rings, dangling earrings, watches, etc., and wear proper clothing. (i.e. avoid loose sleeves.)	If caught, remain calm and ask Staff for assistance.
Falling/getting dropped	Go through proper spotting sequence commands with spotters. Spot where appropriate.	Inform Staff of any injuries.
Collisions	Be alert and aware of surrounding environment and participants. "Bumpers up"!	Inform Staff of any injuries.
Death or serious injury	Wear proper safety gear. Check to see if carabiners are secure. Make sure belayer is ready BEFORE you climb.	Inform Staff of any injuries.

I have read and understand the risks listed above and how to avoid them and agree to take an active part to protect myself and my fellow participants during the activity. I realize there are other risks and/or dangers that may exist (including injury or death) and I will avoid these also; I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to myself or others. I will be on time for all scheduled meetings and events.

Furthermore, I agree to respect the rights and feelings of other participants and staff and to act in a supportive and caring manner during my participation in this event. I will take care of myself by letting others know what I need. I will try everything that I am asked to do by staff. I understand that I have the right not to participate if I don't feel physically or emotionally safe. I will follow all risk management guidelines given by staff. I will not use equipment without proper supervision.

I understand that I should do nothing that may harm the environment or destroy its natural beauty, so that anyone who follows me may enjoy what nature provides. I will carry my trash out to a suitable trash container.

I agree not to bring a radio/cell phone, beeper to the class or on a trip unless I have written permission from the trip leader.

I have read and understand the alcohol/drug use policies and agree to abide by them.

I have read all of this Informed Consent and understand that I may be dismissed from participation for refusing to abide by its contents.

Signature: _____ Print Name: _____ Group Name: _____ Date: _____

**BERRY COLLEGE BOLD PROGRAM
ASSUMPTION OF RISK AND INSURANCE CERTIFICATION**

Many recreational activities and outdoor programs involve substantial risks of bodily injury or death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training for, participation in, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that Berry College does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any outdoor program or recreational activity.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary outdoor programs or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs.

**BERRY COLLEGE BOLD PROGRAM
RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

The undersigned hereby acknowledges that participation in outdoor programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Berry College (the "Institution") allowing the undersigned to participate in voluntary recreational programs or outdoor activities in connection therewith, and making available to the undersigned for his or her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge Berry College and the Board of Trustees of Berry College, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such outdoor programs and recreational activities.

I further covenant and agree that for the sole consideration stated above I will not sue Berry College, the Board of Trustees of Berry College, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or outdoor activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Trustees of Berry College, or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver of Liability, and Covenant Not to Sue shall remain in effect for as long as I am a participant in outdoor programs or recreational activities offered by the Institution. Further, I understand that, if I am an employee or student at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment or employment at the Institution.

I certify that I am 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this notice.

Print Name: _____ Signature: _____ Date: _____

Signature of parent/guardian (if under 18): _____ Date: _____

Print Name: _____ Group Name: _____

Address: _____ Phone: _____

PHOTO AND VIDEO CONSENT

I give my permission and consent for my picture and/or video to be taken during the program. I understand any such photographs and video recordings shall be the sole property of Berry College, Inc., and I further give permission and consent that any such photographs and/or videos depicting me or my image may, without obligation to me, be published and used by Berry College, Inc. and its BOLD Program to promote and illustrate the Berry College BOLD Program and any other lawful purpose.

Print Name: _____ Signature: _____ Date: _____

Signature of parent/guardian (if under 18): _____ Date: _____

BOLD
Berry College
BOLD Adventure Challenge Program

HEALTH STATEMENT FORM

The proposed activity/program provided by the Berry College BOLD Adventure Challenge Program requires participation in physical exercise which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rate. It is imperative that you are free of any heart related or other cardiac related diseases. Therefore, all participants must be free of medical or physical conditions that might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this activity/program, you should consult your physician.
(NOTE: If you have any heart related problems or recent surgeries, you will need a release from your physician to participate in this program).

Name: _____ Birth Date: _____
Address: _____ Age: _____
City, St., Zip: _____ Gender: _____
Home Phone: _____ Work Phone: _____

In case of emergency notify...

Name: _____ Relationship: _____
Home Address: _____ Home Phone: _____
City, St. Zip: _____ Work Phone: _____

Health History: (list any conditions that may affect your participation). Examples may include but are not limited to: diabetes, heart conditions, recent surgeries, allergies, asthma, medications, etc.
List and explain (use the back if needed):

Representation and Emergency Authorization

This health history is correct as far as I know, and I believe that my health is satisfactory to participate in adventure related activities. I hereby give my permission to the medical personnel selected by the Berry College BOLD Adventure Challenge Program to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not limited to, charges incurred for the providing of aid and arranging evacuation if the BOLD Program or its agents determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if participant is under 18 years of age)

Witness: _____ Date: _____

Release for Uninsured Individuals

I, _____, am currently participating in _____ at Berry College during the date of _____.
(Your Name) (Program Name)

I am aware of the risk involved and that personal health insurance coverage is not provided by Berry College or the BOLD program for this program. I currently do not have health insurance. I accept all responsibility for any costs related to medical / health care I may incur resulting from my participation in the program listed above.

Signature:

Print Name:

Witness:

Date:
