

I have read and understand all the information supplied by Colgate University concerning the Wilderness Adventure program.

I understand that parts of the Wilderness Adventure program may be physically or emotionally demanding. I understand that many activities during this trip will have more inherent risks than do normal day-to-day activities. The activities may include, but are not limited to: transportation by van or car, backpacking, hiking, canoeing, kayaking, swimming, rock climbing, high and low ropes course activities, and other rigorous outdoor activities. I recognize the inherent risk of injury or disability in these activities, which may include, but is not limited to: sunburn, insect bites, joint sprains and strains, and other athletic-type injuries.

I affirm that I am voluntarily participating in this activity, and I elect to participate having full knowledge of the inherent risks. I affirm that I am fully capable of participating in this activity, am in adequate physical and emotional condition to participate in this Wilderness Adventure program, and that I am not under a physician's care for any undisclosed reason. I affirm that I have appropriate medical insurance in the event that medical attention is needed. I understand that in the event of injury, I must personally accept responsibility for the full amount of medical expenses as well as other expenses arising out of such injury.

I will not participate in any activity for this course while under the influence of alcohol or any un-prescribed drug including tobacco in any form nor will I have any such substances in my possession. I will accept dismissal from the program at any time if found in violation of any of the aforementioned responsibilities. I and/or my parent(s) or guardian will be responsible for transportation costs incurred as a result of dismissal. I agree to forfeit any refund if dismissed from the program.

I am aware that, although the program administration will take care to ensure reasonable safety precautions, risks nonetheless exist. In consideration of my participation in this activity, I hereby waive and release from liability and agree not to sue Colgate University, its Board of Trustees, officers and employees (the "University") on behalf of myself, my family, my heirs, my assigns, now and forever for any and all claims, causes of action, and damages I may have which arise out of my participation in the above-named activity whether or not the claims, causes of action or damages are the result of the University's own negligence. In assuming this risk, I acknowledge that I am releasing the University from any and all liability arising out of my participation in the above-named activity.

I and my parent(s) or guardian if I am a minor, have read, understand and accept the terms and conditions stated above.

Parent or Guardian Signature

Student Signature

Print Parent or Guardian Name

Print Student Name

Date

Date

Please return, along with Health History Form to:

Wilderness Adventure
c/o Colgate Outdoor Education
13 Oak Drive
Hamilton, NY 13346