

# ASSUMPTION OF RISK

## The EDGE – Mason Recreation Team Development & Experiential Learning

The George Mason University, The EDGE (“The EDGE”) conducts a variety of activities in indoor and outdoor locations (“Programs”). The EDGE Programs may include, warm-ups, games, group initiatives, and high and low “challenge course elements” that require moderate to high physical exertion. During The EDGE Programs, Participant may be asked to walk, swing, climb over, go through, on and under a variety of structures, with or without assistance. Participant understands that all The EDGE Programs are strictly voluntary and it is always the Participant’s responsibility to limit participation in any way Participant deems appropriate.

1. **Registration of Participant.** The Participant being the same Participant that signs below, wishing to participate in The EDGE Programs.
2. **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK.** For and in consideration of permitting Participant to register in and participate in The EDGE Programs, Participant hereby understands all the potential dangers and causes of personal harm in participating, engaging, playing, and observing in The EDGE Programs. The EDGE Programs carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another; the risks include, but are not limited to scratches, bruises, sprains, broken bone(s), emotional injury, loss of sight, internal and external organ damage or loss, loss of digit(s) and/or limb(s), brain damage, spinal cord and neck injury, paralysis and death. In addition, activities that occur outdoors may expose Participant to environmental conditions such as stinging insects, animals, exposure to sun, wind, heat, or cold, inclement weather, and other unpredictable forces of nature. Knowing very well such dangers, Participant ASSUME ALL RISK in participating in The EDGE Programs
3. **PROPERTY DAMAGE.** The EDGE will not be liable to Participant for any personal property that is damaged, lost, or stolen during participation in The EDGE Programs. Participant understands that any property left during participation shall be deemed abandoned and shall be handled pursuant to University Policy 1136. Participant also understands Participant will be responsible for damages to George Mason University property arising from Participant’s actions during participation in The EDGE Programs.
3. **PARTICIPANT RESPONSIBILITIES.** Participant is expected to follow all applicable George Mason University policies and procedures, safety instructions, respect the rights of others, and exhibit proper conduct at all times during their Participation in The EDGE Programs. Participant understands and agrees that The EDGE has the right to disallow the participation of any Participant which The EDGE believes in their sole judgment may present a safety hazard to other participants, The EDGE staff, The EDGE invitees and/or to themselves or who fails to comply with the policies, rules, or directives of The EDGE or The EDGE staff.
4. **HEALTH INSURANCE, PHYSICAL REQUIREMENT.** Participant understands it is the Participant’s own responsibility to maintain current health care insurance to cover any physical injuries and the treatment of such injuries that may result from their participation in The EDGE Programs, including, but not limited to, emergency care and transport, surgery, medical devices, treatment, prescriptions, ointments, equipment, physical therapy and rehabilitation. Participant represents and warrants that the Participant has provided The EDGE all applicable medical records needed to participate in The EDGE Programs and will notify The EDGE of any changes to such medical information prior to or during the scheduled The EDGE Program. Participant understands failure to disclose relevant information may result in harm to Participant and/or others during The EDGE Program. The Participant also represents and warrants that Participant is physically fit to participate in The EDGE Programs and is not under the influence of alcohol or any chemical substance or medication except medication specifically disclosed to The EDGE. In the event of an accident requiring medical attention, the Participant authorizes The EDGE’s employees and agents to render or seek emergency or first aid assistance for the Participant and to release medical information and incident reports to insurance companies and other persons or authorities deemed appropriate by The EDGE.
5. **PHOTOGRAPHIC OR VIDEO IMAGE/LIKENESS RELEASE.** Participant hereby grants permission to The EDGE to photograph or videotape in any media my image, likeness, or depiction and further to edit, crop, or retouch such photographs or digital images, and waives any right to inspect the final photographs or images. Participant hereby consents to and permits the photographs or images of Participant to be used by The EDGE worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic and waive any right, interest, claim for compensation, claim for damages and cause of action regarding The EDGE’s use and/or

editing of such photograph, videotape or digital image. By giving Participant's consent and waiving any rights, Participant understands The EDGE may at its sole discretion reproduce, display, and disseminate such photographs or digital images of Participant, in whole or in part, or altered in character or form, as well as related posters, presentations, programs, and publications and to do so through any media, for educational purposes, art, entertainment, advertising, internal use, or other lawful purposes. Participant hereby further grants The EDGE all rights of copyright to such photographs and images, and all rights to publish, market, or assign such photographs and images without compensation or report to Participant. Participant understands and agrees that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

           **Initial here if Participant does not wish for The EDGE to record Participant's image as described above. This will not impact Participant's ability to participate in The EDGE Programs.**

6. **ACKNOWLEDGEMENT OF UNDERSTANDING.** The Participant has read, understands, and accepts the terms and conditions stated herein and signs freely and voluntarily. Nothing herein shall be deemed a waiver of the sovereign immunity of George Mason University or the Commonwealth of Virginia. Should any portion of this Agreement be declared invalid or unenforceable for any reason, such portion is deemed severable from the Agreement and the remainder of this Agreement shall remain fully valid and enforceable.

**Participant Signature** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Legal Guardian Signature** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED IF PARTICIPANT IS UNDER EIGHTEEN (18)**

### Health Disclosure

**Name (PRINT)** \_\_\_\_\_ **Phone** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**Legal Guardian Name (if under 18)** \_\_\_\_\_ **Phone** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip Code** \_\_\_\_\_

**School/Organization Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **G Number (GMU students only)** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_ **Primary Policy Holder Name** \_\_\_\_\_

**EMERGENCY CONTACT (PRINT)** \_\_\_\_\_ **(C) Phone** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
**(H) Phone** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Please disclose any relevant medical, physical, and/or psychological information here (i.e. medication, recurring headaches, recent ER visit or surgery, smoker, etc.) Use the back of this form for additional comments if needed.

- Respiratory conditions including Asthma
- Cardiac conditions including high BP
- Seizures or epilepsy
- Pregnant
- Diabetes
- Bone, joint, or muscle injury
- Weight over 350lbs (*harness weight limit*)

**By signing this document, I acknowledge that the information I have provided is disclosed accurately and truthfully.**

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Legal Guardian Signature** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED IF PARTICIPANT IS UNDER EIGHTEEN (18)**

