

KEEP FOR YOUR INFORMATION

ROPES COURSE INFORMATION FOR PARTICIPANTS

For further information and directions to the course, visit our website at:
<http://www.unco.edu/campus-recreation/programs/outdoor-pursuits/ropes-course/>

You may contact us by email: Whitney.Dyer@unco.edu

You may contact us by phone: 970-351-2643

Participants, for their own and others' safety, MUST:

- A. Submit evidence of health or accident insurance coverage prior to date of use.
- B. Submit information on medication and physical limitations.
- C. Wear closed toed shoes

Materials highly recommended for safety and comfort:

- A. Water bottle (filled with water).
- B. Insect repellent, especially due to the presence of West Nile Virus and other mosquito borne viruses. (Do not spray repellent on or near the ropes. Clean hands of repellent before handling ropes)

What to Wear?

- A. Sneakers/boots and socks or closed toed shoes. Chaco's are not acceptable (please no sandals or shoes with uneven soles or cleats).
- B. Comfortable clothing: Long pants or shorts that allow freedom of movement; high elements participants are advised to avoid wearing nylon or other synthetics.
- C. Minimum of T-shirt: (must have clothing between harness and skin; no bare backs or tummies)
- D. Bring extra clothing as weather dictates: rain gear; warm layers.
- E. A hat to keep sun out of eyes.
- F. Safety strap for glasses.

GOALS:

To develop my team's efficiency and effectiveness in working towards a common goal

To support and empower my team through a shared positive experience

To challenge myself whether it's through facing ones fears, building trusting with others, or establishing empathy towards team members.

STANDARDS AND COMMITMENTS: (please, for your safety, adhere to the following regulations)

No chewing gum

No alcohol, tobacco (including chewing), snuff, or drugs before or during the event

No jewelry (including watches, earrings, rings and ornamental belt buckles)

I agree to be present mentally, physically, and emotionally during all activities

I agree to act safely

I agree to speak the truth and to share my thoughts and opinions openly and honestly

I agree to pay attention and to minimize distractions

I agree not to use any equipment without proper supervision

I agree to follow all safety guidelines given by the staff



Outdoor Pursuits

Campus Recreation Center
Campus Box #62
Greeley, CO 80639

Agreement to Participate and Release of Liability

This form is to be read and signed by all participants of the UNC Ropes Course. Please read this carefully.

I agree, and state, on behalf of myself, my heirs, assigns executor and others, as follows:

1. That I understand and appreciate the inherent risks and dangers associated with participation in the UNC Ropes Course. These physical activities, initiative games, and challenge course activities include the following risks but are not limited to: the hazards of climbing or descending poles; walking on logs/wires suspended above ground; landing on uneven ground. Any of these which could involve risks of injury; which may include but are not limited to bruises, scrapes, bumps, strains, and serious neck and spinal injuries including death. I agree to accept all risks arising from or as a result of my participation on the UNC Ropes Course.
2. That I am familiar with and will obey any and all of the rules established for the UNC Ropes Course. Also, that I understand the importance of following the directions and instructions of the program leaders and agree to abide by such instructions.
3. That I understand I must be healthy and reasonably fit in order to participate safely on the Ropes Course and I will inform the program leaders of any medication, ailment, condition, or injury that may inhibit my performance.
4. That I will further release, wholly and forever, the University of Northern Colorado and its officials, administrators, employees and all sponsors and individuals assisting in presentation of the UNC Ropes Course and all owners of the property on which the activities are held for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this program.
5. That UNC strives to minimize the risks of participants through safety-conscious organization, equipment preparation, and instruction. Despite this care, UNC cannot guarantee absolute safety against these risks and accidents.

By signing this form, I state that I have read, understand, and agree to all conditions set forth herein, and that I sign voluntarily.

Signature: _____

Date _____

Full Name Printed: _____

Parent's/Guardian's signature if participant is under 18

DATE



ROPES COURSE HEALTH/ACCIDENT INSURANCE AND INFORMATION

Name _____ Date _____

Address: _____

Home Phone: _____

Health Insurance Company: _____

Policy Number: _____

PERSON TO NOTIFY IN CASE OF INJURY OR ILLNESS:

Name _____

Home Phone: _____

Work Phone: _____

Relationship: _____

Cell Phone: _____

1. Are you currently taking any medication (prescription or non-prescription)

No _____ Yes _____ (IF yes, state what you are taking for what condition)

2. List any allergies (for example: food, insect bites, poison ivy, etc.)

No _____ Yes _____ (IF yes, identify and explain)

3. List any medications to which you are allergic

4. In case of emergency is there anything that our staff will need to know? NO ____ YES ____
(IF yes, please explain)
