

**Outdoor Education and Leadership School**  
**CORPUS CHRISTI, TEXAS**  
**ROPES CHALLENGE COURSE**  
**Agreement to Participate and Release of Liability**

I recognize that participation in the Ropes Challenge Course activities requires physical well-being and mental alertness. I understand that I will be walking on cables, pine boards, telephone poles, and uneven climbing walls, ground and supporting other participants' body weight as a function of maintaining safe participation. The ropes course facilitator never coerces participants to attempt an exercise.

I recognize that participating in the Ropes Challenge Course involves risk of injury. I understand the dangers and risks of participation include, but not limited to bruises, abrasions, sprains, dislocations, broken bones, and/or more serious injury or impairment to internal organs, the muscular skeletal system, spinal cord, and brain. These risk are due to the possibility of falling during activity.

Because of the dangers of participating in the Ropes Challenge Course, I recognize the importance of following the facilitator's directives regarding safety rules, safety procedures, and appropriate individual conduct and physical fitness prerequisites for participation and agree to obey such directives.

I acknowledge that I have read and/or have been fully and completely advised of the dangers and risks of participation in the Ropes Challenge Course and the importance of the following instructions regarding participation and herby assume all risks inherent in participation and connection with these activities.

I, agreeing to participate, do hereby fully and forever release, indemnify, and hold harmless Outdoor Education and Leadership School, and all of its facilitators, it's directors, agents and employees from any and all claims of every kind that I may have for any Ropes Challenge Course activity.

In the event I should be injured or become ill and unable to for any reason consent to medical treatment, I hereby authorize the Ropes Challenge Course facilitator(s) to secure necessary emergency medical and/or dental treatment. I further agree that I will be responsible for the entire cost of the same.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Parent's Signature (If under 18)

**PERSON TO NOTIFY IN EVENT OF EMERGENCY**

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Physician to be contacted

\_\_\_\_\_  
Physician's Phone Number

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_