Trip Name: ____________________________ Trip Date: ______________

Please read the following trip information carefully. Please initial and sign where requested to acknowledge that you have read and understand to information stated. Registration is on a first-come, first-serve basis. Participants under the age of 18 require guardian’s signature and the approval of Assistant Director for the Maryland Adventure Program.

Participant Name: ____________________________ UID#: ____________________________

Contact Phone #: ____________________________ Email Address: ____________________________

Cancellation / Refund Policies:
1. If Campus Recreation Services cancels the trip due to weather, lack of participants, or other circumstances, the participant will receive a full refund.
2. If the participant cancels their registration within 7 business days (Monday-Friday) prior to the first day of trip, no refunds will be given. Cancellations made outside of 7 business days prior to trip will result in full refund.

Initials: ________ Staff: ________

Expectations:
1. Participants are expected to adhere to all Maryland Adventure Program trip policies, guidelines, practices and other requirements for the trip.
2. Participants are expected to have the appropriate skills and experience needed for participation in the trip and related activities.
3. The MAP staff role is to help plan and organize the activity, provide participants with information about equipment and personal preparation, oversee trip management including safety issues, and initiate group discussions about decisions and goals. The MAP staff are not professional guides.
4. All participants are expected to assist with group tasks such as loading / unloading gear, setting up camp, etc.
5. Participants must assume all the potential risks of the trip and be responsible for their own actions.
6. Participants are expected to look out for the good of the group and warn MAP staff and participants about potentially dangerous situations / actions.
7. Participants are required to dress, appropriately for the chosen activity. Participants are required to use all the appropriate safety equipment, including helmets, life jackets, harnesses, etc.
8. Participants with medical conditions and allergies are advised to have a discussion with their physician about their plans to participate in this trip.
9. Participants should follow the directions of the trip leaders and decisions of the whole group.
10. Participants must realize that emergency medical facilities are some distance from the vicinity of most outdoor recreation activities.
11. Injured participants are responsible for any and all financial obligations incurred in any treatment of an injury. University of Maryland does not provide medical insurance and participants are required to carry some form of medical health insurance.
12. Participants are responsible for ensuring that their personal equipment is in proper working order prior to departure.
13. Participants are required to abide by all MAP safety guidelines, these include, but are not limited to, the following:
   - Alcohol, non-prescription drugs and tobacco are not permitted.
   - Firearms, axes, and other weapons are prohibited.
   - Fireworks are not permitted.
   - Participants are not allowed within six (6) feet of all ledges and cliffs.

Initials: ___________ Staff: ___________
Trip Risks and Hazards:

1. Concussion, neck / spinal trauma, broken bones, loss of teeth, loss of vision or other injury which results from fall or contact with other people or objects.
2. Death or other trauma as a result of traffic accident when travelling to or from the trip location. This can be reduced but not eliminated by obeying all traffic laws, proper vehicle behavior and by wearing seatbelts at all times.
3. Death or other trauma from weather conditions including lightning, hail, wind and snow. This can be reduced but not eliminated by finding shelter when storms approach.
4. Death from cardiovascular problems which arose from overexertion. This can be reduced but not eliminated by proper conditioning and recognizing the signs of fatigue and cardiovascular distress.
5. Death or other trauma resulting from falls or being struck by an object.
6. Death due to drowning.
7. Dehydration: This can be reduced but not eliminated by drinking plenty of water while engaging in activity.
8. Heat Stroke: This can be reduced but not eliminated by lowering exertion levels during high temperatures.
9. Hypothermia and Frostbite: This can be reduced but not eliminated by dressing appropriately for conditions.
10. Reactions or injury from insect or animal bites. This can be reduced but not eliminated by taking the appropriate precautions.
11. Sunburn: This can be reduced but not eliminated by taking the necessary precautions from the sun.

Initials: ________ Staff: ________

I have read, fully understand and agree with the contents of this form including Cancellation / Refund policies, Expectations and Trip Risks and Hazards. All of my questions have been fully expressed and answered to my satisfaction. I am over 18 years of age.

Signature of Participant:_________________________________________ Date: ________

Printed Name:_________________________________________ 

Signature of Parent or Guardian:_________________________________________ Date: ________ 

*(Required if participant is under 18 years of age)*
Release and Informed Consent Agreement

UNIVERSITY OF MARYLAND
CAMPUS RECREATION SERVICES
MARYLAND ADVENTURE PROGRAM

Participant Name: _____________________________________________ Date: _____________________

In consideration of being permitted to participate in the above Maryland Adventure Program (MAP) trip and related activities, including the use of any CRS provided transportation and equipment, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I understand that participation in MAP trips and activities is not part of the academic curriculum or job requirements of the University of Maryland and is completely voluntary on my part.

2. I have read and fully understand the Trip Registration Form and Medical Contact Form, and any other materials provided by the University regarding the trip. I have had the opportunity to ask any questions that I may have about the trip and related activities and the responsibilities and risks involved. All of my questions have been fully answered.

3. I understand that the trip may be cancelled and that its duration, itinerary, travel arrangements, accommodations and/or other details may be curtailed or modified at any time and for any reason, without notice or obligation to me except for any right which I may have to a refund under CRS Cancellation/Refund Policies.

4. I agree to attend all required pre-trip meetings and to abide by all rules, regulations, expectations and standards of conduct applicable to participation in the trip and related activities, including, but not limited to, the prohibitions against alcohol, non-prescription drugs and tobacco products. I understand that CRS reserves the right to limit or terminate my participation in the trip and/or related activities if, in the sole discretion of CRS, my conduct or actions do not conform to said rules, regulations, expectations or standards of conduct. If my participation in the trip is terminated, I understand that I am not entitled to a refund and my return home shall be my sole expense.

5. I fully recognize and understand that participation in the trip and related activities is physically demanding and involves substantial health, safety and other risks and hazards, both minor and serious, including but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, other bodily injuries, heat prostration, blindness, deafness, drowning, heart attacks, temporary or permanent disabilities, paralysis and, even death.

6. I fully recognize and understand that the trip and related activities require a minimum level of fitness and experience for safe participation. I also understand that CRS advises that trip participants have a physical examination to determine their fitness for participation. I represent and warrant that I have sufficient experience to participate in this trip. I further understand that the University of Maryland does not provide medical, health or other insurance for trip participants.

7. Knowing the dangers, hazards and risks associated with the trip and related activities, and with sufficient knowledge of my experience, physical condition and limitation, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in the trip and related activities, including travel.
8. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Campus Recreation Services, and their officers, agents, employees and volunteers from and against any and all liabilities, claims, demands, and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the trip and related activities, including travel and use of CRS equipment or facilities, whether due to negligence, default or other action or inaction of any person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF IT’S SIGNIFICANCE.

__________________________________________
Signature of Participant

__________________________________________
Date

__________________________________________
Date of Birth

__________________________________________
Signature of Parent/Guardian
(Required if Participant is under 18 years old)

__________________________________________
Date
Emergency Contact and Medical Information

UNIVERSITY OF MARYLAND
CAMPUS RECREATION SERVICES
MARYLAND ADVENTURE PROGRAM

Participant Name: _____________________________ Date: ________________

Local Address: _________________________________

Contact Phone #: _____________________________ Email Address: _____________________________

Date of Birth: _____________________________

Physician’s Name: _____________________________ Contact Phone #: _____________________________

**Emergency Contact Information**

Contact Name: _____________________________ Relationship: _____________________________

Contact Phone #: _____________________________ Work Phone #: _____________________________

**In Case of Emergency Required First Aid or Medical Treatment**

Please list any pertinent medical conditions (physical, emotional, etc…) or medications that we should be aware of:

Please list any allergies that you have:

*food or bee allergies require that an Epi-Pen be brought on the trip.*

If you have listed any item in the above two questions, it is recommended that you check with your doctor about your ability to participate in this trip.

Participant’s Signature: _____________________________

Date: ________________