

University of Maryland-University Recreation & Wellness Adventure Program Trip Registration Packet

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 of the Adventure Program.

Participant Name: _____ **UID#:** _____

Contact Phone #. _____ **Email Address:** _____

Cancellation / Refund Policies:

- 1.) If University Recreation & Wellness (RecWell) cancels the trip due to weather, lack of participants, or other circumstances, the participant will receive a refund.
- 2.) For a one or two day trip if the participant cancels their registration eight business days (defined as Monday - Friday when classes are in session) or more prior to the first day of the trip, a refund will be given, less a \$10.00 processing fee. Cancellations made within 7 business days prior to the first day of the trip will result in no refund. If you or the Adventure Program are able to find another individual to take your place on the trip two business days or more in advance of the trip, a refund will be given less a \$10.00 processing fee.
- 3.) For extended trips of 3 days length or longer, if the participant cancels their registration 13 business days or more prior to the first day of the trip a refund will be given, less a \$10.00 processing fee. Cancellations made within 12 business days prior to the first day of the trip will result in no refund. If you or the Adventure Program are able to find another individual to take your place on the trip five business days or more in advance of the trip, a refund will be given less a \$10.00 processing fee.
- 4.) All cancellation and refund requests should be made at go.umd.edu/adventuretripcancellation. The timestamp generated from the completion of the form will act as the official time of your cancellation / refund request.

Initials: _____ **Staff:** _____

Expectations:

1. Participants are expected to adhere to all 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 Adventure Program 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 Adventure Program 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 Adventure Program 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 Adventure Program 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
UNIVERSITY RECREATION & WELLNESS
ADVENTURE PROGRAM

Participant Name: _____ **Date:** _____

In consideration of being permitted to participate in the above Adventure Program trip and related activities, including the use of any RecWell 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 Adventure Program 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 RecWell 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 RecWell reserves the right to limit or terminate my participation in the trip and/or related activities if, in the sole discretion of RecWell, 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 RecWell 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, University Recreation & Wellness, 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 RecWell 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 ITS SIGNIFICANCE.

Signature of Participant

Date

Date of Birth

Signature of Parent/Guardian

Date

*Required if Participant is under 18 years old

Photography Consent and Release Form

UNIVERSITY OF MARYLAND
UNIVERSITY RECREATION & WELLNESS
ADVENTURE PROGRAM

I, _____, hereby give permission to the University of Maryland to use and reproduce my image, likeness, voice, and name (collectively, "Image") and to authorize others to use my Image in any manner the University elects in any and all media now known or hereafter discovered or developed, in perpetuity, throughout the universe including but not limited to reproducing my Image in print publications, web sites, and audio visual broadcasts. I understand and agree that the University will own all rights in my Image, including all rights under copyright.

I expressly waive any right I might have of prior approval over how and where my Image is used and compensation and all rights of privacy and rights accruing under the Family Educational Rights and Privacy Act and the University of Maryland policy that implements that Act. I forever release and discharge the State of Maryland, the University of Maryland, and their respective officers, employees, agents and other persons acting within the scope of their authority from any and all claims or causes of action, now known or later discovered, relating to or arising out of use of my Image, including by not limited to claims for invasion of privacy or misappropriation, right of publicity and defamation arising out of the use and exploitation of my Image.

I represent that I am over the age of 18 years, that I have read this permission, am fully familiar with its contents and meaning, and have been given the opportunity to consult counsel of my choosing prior to signing this Permission and Release.

Signature of Participant

Date

Emergency Contact and Medical Information

UNIVERSITY OF MARYLAND
UNIVERSITY RECREATION & WELLNESS
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 (if not applicable write N/A):

Please list any allergies that you have (if not applicable write N/A):

**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: _____