



## WVU Zip Canopy Tour Guidelines

### Participant Responsibilities

1. Participants must be comfortable with participating in activities at heights from 16' to 40'.
2. Participants must be in moderate to good health; active participation is required. Participants must be able to pull themselves along the cable, and slow themselves using a glove to create friction on the cable. Participants should be able to walk at least one mile.
3. Participants must be able to understand and follow the guide's instructions.
4. Closed-toe shoes are required while participating in the program.
5. Participants must meet the following weight requirements— minimum weight: 70lbs; maximum weight: 250lbs.
6. An Acknowledgement of Risk and Assumption of Responsibility form must be signed prior to participation.
7. It is recommended that you consult your physician before engaging in this activity to ensure that you do not have a physical condition that may increase your risk of injury or death during this activity. Participants should notify a staff member if he or she has any of the following conditions as participation is not advised and may be denied:
  - a. Pregnancy;
  - b. Recent, reoccurring, or existing injuries and serious musculoskeletal disorders that would prohibit full participation;
  - c. Medical conditions that could require immediate medical attention such as a seizure disorder.

### Canopy Tour Rules

1. Groups must arrive 15 minutes prior to the scheduled tour time.
2. Groups will proceed at scheduled time with those present, late arrivals will forfeit their spot and will not receive a refund.
3. Participants who are under the influence of alcohol, illegal drugs, or legal drugs that impair participant in any way will be prohibited from participation.
4. Adventure West Virginia staff members reserve the right to deny participation to any Participant if his or her physical or mental condition could endanger self or others.
5. It is the Participant's responsibility to wear appropriate clothing for the weather. Please note that weather patterns tend to be different than lower lying areas such as Morgantown. Expect colder and windier weather.
6. Canopy Tours operate rain or shine; however, the course may be closed due to severe weather (lightning or high wind). If a Canopy Tour is closed due to severe weather, Participants will receive a rain check (or refund if they are unable to reschedule).

I have read and understood the Canopy Tour Guidelines detailed above. I certify that I am fit to participate and understand the inherent risks and the potentially increased risk to my health and life if I participate with a pre-existing health condition described above. I agree to abide by the rules stated above and assume all responsibilities as outlined above.

Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

**ADVENTURE WV – WEST VIRGINIA UNIVERSITY**  
**ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF RESPONSIBILITY**

- Please write *legibly* and in *pen*.
- Complete these forms and bring them with you on the day of your program!

I understand that, during my participation on an Adventure WV program, I will be exposed to above normal risks. Although Adventure WV has taken precautions to provide proper organization, supervision, instruction and equipment for each trip, it is impossible for the Adventure WV program to guarantee absolute safety. I acknowledge that all risks cannot be eliminated without destroying the purpose and character of the trip or seminar. Also, I understand that I share the responsibility for safety on the trip and I assume that responsibility. I agree to comply with the instructions and directions of the Adventure WV staff members during the trip. The following describes some, but not all of the risks:

- WVU Adventure WV programs take place out of doors, where participants are subject to environmental and other risks. Activities include hiking and backpacking, camping, rock climbing, initiatives, challenge course, zip line, caving, and whitewater boating.
- Activities take place in remote places, far from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care can be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use. Meals are prepared on gas stoves or fires. Water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling timber.
- Travel is by vehicle, raft, on foot and by other means, over rugged unpredictable off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, steep slopes, slippery rocks. Risks include collision, falling, capsizing, drowning and others usually associated with such travel.
- Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

I am aware that Adventure WV activities include risks of my injury or death. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with knowledge of the inherent risks.

I have no physical or psychological problems that would prohibit my participation in the trip. I further understand that West Virginia University will not provide medical or other insurance coverage for this trip. If I must evacuate for any reason, I understand I am personally responsible for all medical/evacuation fees and that I will not receive a refund of the trip fee. (Participant must provide a copy of their medical insurance card prior to participation).

In consideration for the opportunity to participate in the activity and to the extent allowed by law, I release West Virginia University and its employees, agents, and volunteers, and waive all claims for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

**Participant's Name (Please Print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I (we) acknowledge that there can be no guarantee of absolute safety against risks and unforeseen accident, as detailed above, that West Virginia University will not provide medical or other insurance coverage for this trip, and consent to the participation of the above named individual with the Adventure WV program.

**Parent/Guardian Name (If participant is under 18 yrs. of age – Please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adventure WV—West Virginia University - Participant Information Form & Waiver—Short Form**

*This is a voluntary disclosure form that allows Adventure WV staff to best meet your needs during programming. If you are filling this form out at the beginning of a program, it is assumed that you have already reviewed and meet AWV's Essential Eligibility Criteria or have coordinated with AWV prior to the program regarding accommodations.*

**Participant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

WVUID (If applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pertinent Allergy & Dietary Information**

Do you have pertinent ALLERGIES? YES NO  
If YES, do you carry and EPI PEN? YES NO  
If YES, have you ever been hospitalized for these allergies? YES NO

Do you have any pertinent DIETARY RESTRICTIONS?

**Medications & Pertinent Health Information**

Do you take any medications our staff should know about (i.e. inhaler, epi pen)?:

Do you have pertinent health information to share with our staff? (i.e. recent injuries, relevant pre-existing conditions, asthma, heart conditions):

**Accuracy Statement:** *I hereby state, to the best of my knowledge, my answers to the questions on this form are complete and correct.*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (Required if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Media Recording/Usage Release**

For the privilege of participating in activities for West Virginia University, I hereby give my consent for my image and likeness to be videotaped, audiotaped, or photographed for the following uses:

- Educational/instructional media
- Recruitment/outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University and/or West Virginia University Hospitals, Inc., and their component parts, to use this electronic media and/or photographs in any manner—whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

**Participant's Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A parent or guardian must sign this form if the model is a minor or if the model is hindered by mental or physical challenges.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Self-Screening Process:**

Take a moment to complete our self-screening process below. This should be completed prior to the start of your program. Answering “yes” to any of the following may impact your ability to participate and may ultimately bar you from participation.

- Have you tested positive for COVID-19 in the last two weeks?
- Are you currently awaiting a COVID-19 test result?
- Have you been in close contact with a confirmed case of COVID-19?
- Are you experiencing a cough, shortness of breath, or a sore throat?
- Have you had a fever in the last 48 hours?
- Have you had new loss of taste or smell?
- Have you had vomiting or diarrhea in the last 24 hours?

If you are exhibiting COVID-19 symptoms (i.e., answering yes to any of the screening questions above), we request that you self-screen from participation prior to the start of the program.