

**MAP – Marshall Adventure Program**  
**Acknowledgement of Risk and Assumption of Responsibility**

I understand that, during my participation on a Marshall Adventure Program (MAP) trip or outing, I will be exposed to above-normal risks. Although MAP has taken precautions to provide proper organization, supervision, instruction, and equipment for each trip, it is impossible for the MAP team to guarantee absolute safety. I acknowledge that all risks cannot be eliminated without destroying the purpose and character of the program. I also understand that I share the responsibility for safety during the experience and I assume that responsibility. I agree to comply with the instructions and directions of Facilitators and Staff members during the trip. The following describes some, but not all, of the risks:

- MAP experiences take place outdoors, where participants are subject to environmental and other risks. Activities may include backpacking, hiking, camping, climbing, high and low challenge elements, ziplining, caving, whitewater boating, or other activities.
- Activities may take place in remote areas, far from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care can be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use. Many meals are prepared over a gas stove or open fire. Water may require disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling objects, among others.
- Travel is by vehicle, raft, on foot, and by other means. It is often over rugged and unpredictable terrain, including boulder fields, downed timber, rivers, rapids, water crossings, mountain passes, steep slopes, or slippery rocks. Risks include collisions, falling, capsizing, drowning, and others usually associated with such travel.
- Environmental risks and hazards include rapidly moving, deep, or cold water; insects, snakes, predators, and other large animals; falling and rolling rocks; lightning, flash floods, and unpredictable forces of nature including weather which may change rapidly to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

I am aware the MAP activities include risks of my injury or death, even though precautions are taken to minimize risks, and serious consequences are unlikely. 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 Marshall 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 for this trip. (All participants must provide a copy of their medical insurance card prior to participation).

In consideration for the opportunity to participate in this activity and to the extent allowed by law, I release Marshall 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, or reckless behavior.

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

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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