

SUU Outdoors

351 West University Blvd.
SSC 176B
Cedar City, UT 84720
Telephone 435.865.8704
suuoutdoors@gmail.com

**Ropes Course
Waiver & Indemnification Agreement**

Personal Information

Name: _____ Group: _____ Phone # (____) _____

Email: _____

- All participants must wear closed toed shoes, tennis shoes are best (absolutely no flip flops).
- Active wear clothing is the best since you will be engaging in some physical activity.
- Wear clothing that you don't mind getting dirty.

By Signing Below

I agree to assume all risks associated and promise to indemnify (payback) and hold harmless the State Of Utah, Southern Utah University, Southern Utah University Outdoors, their employees, volunteers, and other participants from any and all claims (legal or financial), including, but not limited to: Lawsuits, Insurance Claims, Medical Expenses, Personal Damages, Pain and Suffering, Losses, Injuries, and Expenses (including lost income or opportunity) arising out of or related in any to my participation in the above SUU Outdoors Program. I further agree for myself, my family and my heirs to release, forever forgive, and promise not to sue SUU for any action for damages, harm or remedy (legal or equitable) arising out of or in any way related to the SUU Outdoor Recreation Program.

I agree that any suit filed in reference to this experience or to interpret this document will be filed in Iron County, Utah and be governed by Utah Law. This agreement shall continue in effect after the experience has concluded.

Should SUU, its employees, volunteers or participants be forced to defend a claim, suit or other legal action, taken on my behalf, that of my heirs or executor, or my family, I agree to pay SUU, its employees, volunteers, or participant any costs and attorney's fees that they may incur if they successfully defend such claim, suit or action.

Should a court of competent jurisdiction declare any paragraph or part of this agreement to be legally unenforceable, the remaining parts shall remain in full force and effect. A copy of this agreement can be used as an original.

_____ I have medical insurance
(Initial)

_____ I give my permission for transportation to any medical facility or hospital and authorize any qualified medical provider to give me the medical care judged to be necessary.
(Initial)

_____ I do not have any medical or physical condition that would prevent my participation in this experience.
(Initial)

_____ I agree NOT to use drugs or alcohol during any part of an activity, in accordance with SUU policy, and understand that such use will lead to dismissal from the activity.
(Initial)

SUU Outdoor Recreation Program Waiver & Indemnification Agreement

Emergency Contact: _____ Day Phone: (____) _____

Relationship: _____ Evening Phone: (____) _____

Signatures / Dates

I, _____, of my own free will, for my family, my minor children, my heirs and executors, and myself, have read, understand and acknowledge the risks and liability for myself this date of _____.

Participant's Signature: _____ Date: _____

If under 18, parent or guardian signature: _____ Date: _____

Please list any concerns or limitations you may have that need to be compensated for on the SUU Outdoor Recreation Program. (wheelchairs, walkers, medical condition, etc.)

You must bring this completed wavier with you to the activity to be allowed to participate.