

Consent and Permission for Participation in Activity 4-H Adventure Camp 2011

Participant's name: _____

Activities description:

- **River Rafting** – Participants will float down the Green River. Personal floatation devices will be provided and mandatory for all participants. Experienced adult volunteers who are familiar with the river will guide the rafts.
- **Cave Exploring** - Participants will explore Sheep Creek Cave, a cave controlled by the National Forest Service. Local volunteers will lead the group through the caves. The caves are cold, damp, and dirty. Participants will be required to crawl, scramble, and climb throughout the cave.
- **Hiking**– Participants will take part in a 1-2 hour hike to demonstrate GPS skills.
- **Portable Challenge Course** – In preparation for the river rafting and the caving participants will go through a portable challenge course to learn communication, safety and leadership skills.
- **GPS** Participants will receive training on GPS. These activities may not be all inclusive.

Activity date and times: June 13, 2011 at 1:00 p.m. — June 15, 2011 at 12:00 p.m. or
June 15, 2011 at 1:00 p.m. — June 17, 2011 at 12:00 p.m.

Activity location: Green's Lake Campground – Flaming Gorge, Utah

Transportation to and from camp: On their own

Special conditions of activities: Risks and dangers may include, but are not limited to, falls, falling objects and broken or improperly used equipment, which could result in damage to or loss of property, illness or disease, physical or mental injury or death of participant or other persons. Injuries that may result from participation in this activity may include, but are not limited to, cuts, bruises, sprained joints, broken bones, psychological trauma, infection, heat stroke, and death.

Please carefully consider the following and Initial:

- _____ I understand this camp will be physically demanding (hiking, river rafting, caving).
- _____ I understand this camp involves primitive camping (no running water, no showers, no shelters, no air conditioning, no picnic tables etc).
- _____ I understand this camp is located in a remote location (Green's Lake Campground, Flaming George Utah).

Medical Condition

Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above. *Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none): _____

*If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor's statement must accompany this document.

Medical Treatment Consent

Consent is expressly given in the event of injury, for any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

Health/Medical Insurance Company _____ Policy #: _____
Emergency Contact: Name _____ Phone: _____

Liability Release

I further agree to release Utah State University, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

Photo Release

Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize USU to record and photograph my image and/or that of my child for use by USU or its assignees in research, educational and promotional programs. I understand these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.

Participant's Name: _____
Participant's Signature: _____

Under 18 years of age
Parent(s) or Legal Guardian(s) Signature(s): _____
Date: _____

This form MUST BE RETURNED IN ADVANCE in order for you to participate. NO EXCEPTIONS.

Please submit with application and Medical and Code of Conduct forms to:
Craig Dart ■ 2975 Old Main Hill ■ Logan, UT 84322-2975



Utah State University is an affirmative action/equal opportunity institution.