

**NEW MEXICO TECH
LOW ROPES CHALLENGE COURSE
ASSUMPTION OF RISK WAIVER**

In return for the acceptance of my participation in the activities of the New Mexico Tech Low Ropes Challenge Course, herein referred to as "NMT LRCC," I, the participant named below, agree as follows:

1. The participant is instructed that prior to participation in any NMT LRCC activity and regularly thereafter, that they should inspect the facilities and equipment to be used, and if they believe anything is unsafe, the participant should immediately advise the instructor of such conditions and refuse to participate. Furthermore, the participant should refrain from involvement in any activity, which they deem inappropriate for them.
2. Participants shall follow all NMT LRCC safety guidelines given by the instructor(s). Participants understand that their personal well-being is best promoted by their attention to the instructions of the NMT LRCC staff, and agree to maintain an observant and cooperative attitude throughout the course(s).
3. Fully understands and acknowledges that: (a) there are risks and dangers inherent in participation in NMT LRCC activities and events, including but not limited to those of bodily injury such as sprained ankles, heat exhaustion, broken limbs, partial and/or total disability, paralysis and death; (b) the social and economic losses and/or damages, which could result from those risks and dangers could be severe.
4. I hereby acknowledge the inherent risks and hazards of this activity. I hereby waive and release New Mexico Tech, its Regents, officers, employees and agents from any and all claims for damages, injuries including death, and property damage which may occur as a result of my participation in the above mentioned activity.
5. I understand that the NMT LRCC, its instructors and facilitators, and New Mexico Tech, strongly recommend that I have medical and/or health insurance to cover any possible accidents that might occur while participating in these events. I further acknowledge that I do not have any medical condition that would impair my ability to undertake this activity.

THE UNDERSIGNED HAS READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY AND UNDERSTAND THAT THEY HAVE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAS SIGNED IT VOLUNTARILY

Name of Participant (Printed) _____

NMT 900 Number of Participant (if applicable) _____

Address of Participant _____ Zip _____

Phone Number of Participant _____

Emergency Contact Name: _____

Phone: _____ Emergency Contact Relationship: _____

Signature of Participant _____ date _____

Signature of Guardian (if participant is under 18) _____ date _____

New Mexico Tech Recreation and Well-Being Department
CONFIDENTIAL MEDICAL HISTORY WAIVER

This medical form is an important way we ensure a safe experience for you. If you think you should not participate in an activity, please inform our staff.

A. PARTICIPANT GENERAL INFORMATION

Printed Name of Participant _____
Emergency Contact Person Relation & Phone _____

B. CONDITIONS AND SYMPTOMS: Do you have or have you had any of the following conditions and symptoms in the last year?

	Yes	No
1) Hearing or Vision Impairment.....	_____	_____
2) High Blood Pressure.....	_____	_____
3) Heart Problems.....	_____	_____
4) Skeletal Problems/Broken Bones.....	_____	_____
5) Neck or Back Problems.....	_____	_____
6) Muscular Problems.....	_____	_____
7) History of Seizures/Convulsions.....	_____	_____
8) Currently Pregnant.....	_____	_____
9) Asthma (if yes, do you have an inhaler?).....	_____	_____
10) Allergies.....	_____	_____
11) Communicable Diseases.....	_____	_____
12) Current Medications.....	_____	_____

Explain in detail (including restrictions if any) all questions that were answered "Yes" and any other pertinent information concerning your health including medications being taken, if any.

C. SIGNATURE REQUIRED

The information provided above is complete and accurate. I realize that failure to disclose such information could result in serious harm to myself and fellow participants and agree to indemnify and hold NMT Low Ropes Challenge Course (NMT LRCC) harmless if all relevant information is not disclosed. I understand that I may, at my sole discretion, refrain from involvement in any activity which I deem inappropriate given my health status and, with respect of any activity in which I do participate, I hereby waive and release the NMT Low Ropes Challenge Course, its Regents, agents, officers, and employees, from all claims or demands arising out of such participation.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF GUARDIAN (if participant is under 18) _____ DATE _____