



University of Connecticut
Department of Student Activities
Leadership Office
Four Arrows

RISK AND SAFETY:
RELEASE AND ACKNOWLEDGEMENT AGREEMENT

Experiential activities are exciting, challenging, and both physically and mentally demanding. This program provides goal-oriented activities that offer participants an opportunity to explore new behaviors related to trust, teamwork, and leadership capabilities. These activities may include field games, low elements and initiatives that may take place a few feet off the ground and that are constructed with rope, cable, and wood. These activities are supervised by individuals who have been specifically trained in the effective facilitation and relevant safety practices. Individual participants are not required to participate in any activities, however they are/will be encouraged throughout the experience to challenge themselves, physically and mentally, to achieve the goals of the activities.

The University has taken all reasonable precautions to provide proper equipment and qualified instructors. All activities are supervised throughout the program. Instruction will be provided regarding the safe use of all elements and activities. Participants are advised to point out hazardous situations to the facilitators. However, it is impossible to guarantee absolute safety in adventure activities. **Risks are not likely, but include and are not limited to the following: 1. minor injuries such as scratches and bruises that may result from rubbing against equipment, falling against equipment, or falling on the group; 2. major injuries such as broken bones or eye, back, or head injuries that may result from falling from equipment, group members landing on the group, or improper use of the equipment; 3. catastrophic injuries such as paralysis and death that may result from falling from equipment or improper use of equipment; and 4. property damage or loss.**

In consideration for being permitted to participate in a Four Arrows Program at the University of Connecticut, I hereby assume all responsibility and risks related to my participation, as partially outlined above. I understand that participation in the activity carries with it risks that cannot be eliminated.

To the extent permitted by law, I understand and acknowledge that the University of Connecticut, its governing board, the State of Connecticut and their officers, employees, agents, representatives, successors and assigns (collectively the "University") assume no liability for property damage or personal injuries to me or third persons arising out of participation in the Four Arrows Program. I agree to indemnify and to save the University harmless from any liability arising out of my acts or omissions during the activity.

I have arranged, through insurance or otherwise, to cover any medical costs that may arise or be associated with my participation in the Four Arrows Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care during the Four Arrows Program, I agree that the University is not responsible for the provision, cost or quality of such treatment or care.

I further acknowledge that I am at least 18 years of age and fully competent to sign this Agreement, and that I execute this Release for full, adequate, and complete consideration, fully intending to be bound by it. I execute this document in consideration for the University of Connecticut allowing my participation in this Four Arrows Program, and with full knowledge of the contents and consequences of it. I further agree that this Release shall be construed in accordance with the laws of the State of Connecticut. If any term of this Release is determined to be illegal, unenforceable, or in conflict with any law, the validity of the remaining portions will not be affected thereby.

ACKNOWLEDGEMENT

I acknowledge that I have read, understand, and will comply with all the terms and conditions noted above.

Participants Name (print): _____ **Signature:** _____

Parent/Guardian (if under 18) Name: _____ **Signature:** _____

DATE: ___/___/___ **GROUP:** _____