



# GEORGE MASON UNIVERSITY OUTDOOR ADVENTURES TRIP REGISTRATION FORM

**PLEASE PRINT, COMPLETE, AND DELIVER THIS FORM TO THE AQUATIC and FITNESS CENTER, RAC, OR SKYLINE FITNESS**

**FRONT DESK:**

Ryan Murphy  
Coordinator, Outdoor Adventures- Skyline Fitness Center  
4400 University Dr.  
Fairfax, VA 22030

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_\_  Home  Cell  Work (Phone): \_\_\_\_\_

**Email:** \_\_\_\_\_ **Membership Type:**  Student  F/S  Alumni  Community  
 Other \_\_\_\_\_

**\*\*\*Payment is Required upon Signing Up for Trip(s)\*\*\***

Trip	Trip Date	Student	Faculty/Staff, Alumni
Billy Goat Trail Day Hike	April 4th, 2015	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5
Mary's Rock Day Hike	April 11 <sup>th</sup> , 2015	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5
Three Ridges Loop Overnight Backpacking	April 18 <sup>th</sup> -19 <sup>th</sup> , 2015	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Great Falls Rock Climbing	April 25 <sup>th</sup> , 2015	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10
Riprap Hollow Day Hike	May 2 <sup>nd</sup> , 2015	<input type="checkbox"/> \$5	<input type="checkbox"/> \$5
Kayaking Day Trip	May 2 <sup>nd</sup> , 2015	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25

**Refunds will only be given to those who withdraw 7 or more days from the trip date, or if the trip is cancelled.**

**To be completed by GMU staff only:**

Payment Complete       Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Payment Amount: \$\_\_\_\_\_

GMU Staff Signature: \_\_\_\_\_

# OUTDOOR ADVENTURES

## Participant Assumption of Risk and Release from Liability

The purpose of this form is to inform you that as a participant in activities for **Outdoor Adventures** you will be assuming all risks and responsibilities.

**AS A PARTICIPANT OR PARENT/GUARDIAN, I UNDERSTAND AND ACKNOWLEDGE THAT:**

Outdoor Adventures takes reasonable precautions to ensure that programs and activities are conducted by qualified vendors and personnel in a responsible manner. However, I further understand that participation in Outdoor Adventure activities entail both known and unanticipated risks that could result in physical or emotional injury or damages to me/my child, to property, or to third parties. I acknowledge that such risk cannot be entirely eliminated without jeopardizing the essential qualities and experiential learning outcomes of Outdoor Adventure activities.

Outdoor Adventure activities include; hiking, orienteering, kayaking, swimming, rock climbing, games, group initiatives, high and low challenge course elements, camping, cooking with backpacking/camping stoves, building fires, and transportation to and from George Mason University, campsites, and activity locations. These elements require physical exertion and are held outdoors. While reasonable measures will be taken to ensure safety in all activities, accidents may occur.

The risks of these activities include abrasions, sprains, strains, insect and animal bites, sunburn, other physical injuries, emotional trauma, and, in extreme cases, even death. These may be caused by falls, collisions and close contact with other participants and the outdoors, fatigue, or psychological stress.

Participation in Outdoor Adventure activities is strictly **voluntary**. It is always the responsibility of the participant to limit his or her participation in any way he/she deems appropriate. As a condition to voluntarily participate in Outdoor Adventure activities, I agree for myself, my heirs, and assigns to release, hold harmless the Commonwealth of Virginia, George Mason University, their employees and agents from any personal injury or property loss caused by acts or omissions beyond the control of the University. I understand that George Mason University is neither a guarantor of my safety nor an insurer against loss. Photographs and other media coverage of my participation in Outdoor Adventure activities may be used by George Mason University without compensation or other permission. I also concur that any legal claims will be settled in accordance with the Code of Virginia.

I acknowledge and assume the risks involved in Outdoor Adventure activities and will notify the Trip Leader or other staff member immediately of any safety or personal concerns. I understand that the purpose of the event is to enhance my general education, personal growth, and recreation. I certify that I am in good health and have no physical condition that would prevent my participation in this event. If I am incapacitated, and my contact persons (identified on the back of this document) cannot be readily located, I authorize Outdoor Adventure to act in my behalf and I will be responsible for any medical or other expenses incurred on my behalf.

By signing this document, I certify that I have read it and voluntarily assume the risks and agree with the above participant conditions.

---

Signature of Participant

Printed Name

Date

---

Signature (Parent or Guardian if under 18)

Printed Name

Date

## George Mason University Medical Information Form

### PARTICIPANT INFORMATION

Participant's Name:	Mason ID#:	
Permanent Address:	DOB:	Sex:
	Home Phone:	

### MEDICAL EMERGENCY CONTACT INFORMATION

<i>Person to Contact First</i>	<i>Backup Contact (Relative or Friend)</i>
Name:	Name:
Relation to Participant	Relation to Participant:
Daytime Phone:	Daytime Phone:
Evening Phone:	Evening Phone:
What are you allergic to:	
List current prescriptions/medications:	

### INSURANCE POLICY INFORMATION *\*You must have insurance to go on OA trips at this time\**

Policy Holder's (PH) Name:		PH DOB:
Address:		Relation to Participant:
Occupation:	PH Employer:	
PH Employer Address:		
Insurance Company:	Insurance Company Address:	
Policy #	Plan #:	

Please disclose any relevant medical, mental, and physical information here:

---



---

Please list any food restrictions:

---

By signing this document, I understand and authorize George Mason University to furnish the above contact, medical, and policy information to the Emergency Medical provider in the event of an emergency.

---

Signature of Participant	Printed Name	Date
--------------------------	--------------	------

---

Signature (Parent or Guardian if under 18)	Printed Name	Date
--------------------------------------------	--------------	------