



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
 Other _____

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

Trip	Trip Date	Student/Faculty/Staff	Guest
Great Falls Rock Climbing	Oct 13, 2018	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25
Occoquan Day Hike	Oct. 14, 2018	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
Shenandoah Photo Safari	Oct. 20, 2018	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Duncan Knob Day Hike	Oct. 21, 2018	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
Full Moon Paddle	Oct. 22, 2018	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25
Sugarloaf Day Hike	Oct. 27, 2018	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
Halloween Costume Night Hike	Oct. 28, 2018	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
Eco Art Trip	Nov. 3, 2018	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
Women's Bouldering Trip	Nov. 3-4, 2018	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50
Shenandoah Waterfall Day Hike	Nov 4, 2018	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15
Family Weekend Hike	Nov. 10, 2018	<input type="checkbox"/> \$10 (sign up online)	<input type="checkbox"/> \$10 (sign up online)
Loudoun Heights/Harpers Ferry Hike*	Nov 11, 2018	<input type="checkbox"/> \$10*	<input type="checkbox"/> \$15*
Appalachian Trail Day Hike*	Nov. 11, 2018	<input type="checkbox"/> \$10*	<input type="checkbox"/> \$15*
Day Hike	Nov. 17, 2018	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15

***Free with military ID**

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:	
	Phone: <input type="checkbox"/>Cell <input type="checkbox"/>Landline		

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