I understand that, during my participation on an Adventure WV program, I will be exposed to above normal risks. Although Adventure WV has taken precautions to provide proper organization, supervision, instruction and equipment for each trip, it is impossible for the Adventure WV program to guarantee absolute safety. I acknowledge that all risks cannot be eliminated without destroying the purpose and character of the trip or seminar. Also, I understand that I share the responsibility for safety on the trip and I assume that responsibility. I agree to comply with the instructions and directions of the Adventure WV staff members during the trip. The following describes some, but not all of the risks:

- WVU Adventure WV programs take place out of doors, where participants are subject to environmental and other risks. Activities include hiking and backpacking, camping, rock climbing, initiatives, challenge course, zip line, caving, and whitewater boating.
- Activities take place in remote places, far from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care can be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use. Meals are prepared on gas stoves or fires. Water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling timber.
- Travel is by vehicle, raft, on foot and by other means, over rugged unpredictable off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, steep slopes, slippery rocks. Risks include collision, falling, capsizing, drowning and others usually associated with such travel.
- Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

I am aware that Adventure WV activities include risks of my injury or death. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with knowledge of the inherent risks.

I have no physical or psychological problems that would prohibit my participation in the trip. I further understand that West Virginia University will not provide medical or other insurance coverage for this trip. If I must evacuate for any reason, I understand I am personally responsible for all medical/evacuation fees and that I will not receive a refund of the trip fee. (Participant must provide a copy of their medical insurance card prior to participation).

In consideration for the opportunity to participate in the activity and to the extent allowed by law, I release West Virginia University and its employees, agents, and volunteers, and waive all claims for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

**Participant’s Name (Please Print):** ________________________________

**Student Signature:** _____________________________________________ **Date:** ______________________________

I (we) acknowledge that there can be no guarantee of absolute safety against risks and unforeseen accident, as detailed above, that West Virginia University will not provide medical or other insurance coverage for this trip, and consent to the participation of the above named individual with the Adventure WV program.

**Parent/Guardian Name (If participant is under 18 yrs of age - Please print):** ________________________________

**Parent/Guardian Signature:** __________________________________ **Date:** ______________________________
COMMITMENT TO EXCELLENCE

We are excited you are participating in an Adventure WV program. We work hard to ensure that each AWV program is safe, challenging, and fun. In order to live up to these standards and to provide the best program possible, we additionally have high expectations for all of our participants. We ask you as a participant to be committed to excellence by agreeing to abide by the course conditions, in that you will:

- Be open to meeting new people, try new things, have fun, and challenge yourself
- Be willing to do your best and work hard to complete all activities on your program
- Maintain a positive attitude, even in the face of hardship and difficulties
- Comply with procedures and practices, as outlined by the AWV staff
- Respect and follow the Leave No Trace environmental practices
- Demonstrate appropriate language and behavior toward people and the environment, and leave behind alcohol, tobacco, and/or drugs (abusive behavior or the possession of these items will be cause for expulsion). This is a tobacco-free program.

I have read the above information and agree to abide by the rules and standards of Adventure WV programs.

Student Signature: ________________________________ Date: ____________________________

MEDIA RECORDING/USAGE RELEASE

For the privilege of participating in activities for West Virginia University, I hereby give my consent for my image and likeness to be videotaped, audiotaped, or photographed for the following uses:

- Educational/instructional media
- Recruitment/outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University and/or West Virginia University Hospitals, Inc., and their component parts, to use this electronic media and/or photographs in any manner—whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographical reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

Participant’s Name: ________________________________________________________________

Student Signature: ________________________________ Date: ____________________________

A parent or guardian must sign this form if the model is a minor or if the model is hindered by mental or physical challenges.

Parent/Guardian Name: _____________________________________________________________

Parent/Guardian Signature: ________________________________ Date: ____________________________
REQUIRED REGISTRATION FORMS - MOUNTAINEER QUEST
SUBMIT THESE FORMS TO OUR OFFICE BY MAIL OR EMAIL WITHIN 14 DAYS OF REGISTRATION

ADVENTURE WV – WEST VIRGINIA UNIVERSITY
Participant Information Form
Program Name:

➢ Please write legibly and in pen.
➢ Please answer the following questions honestly and accurately. This information will be kept confidential.
➢ Our goal is to provide you with the best experience possible, making accommodations where needed.
➢ Please contact us for questions or concerns about any of the following items.
➢ *Please notify us of any changes that happen between completing this form and the start of your program. *

<table>
<thead>
<tr>
<th>PARTICIPANT INFORMATION</th>
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<tbody>
<tr>
<td>Last Name: ____________________________</td>
</tr>
<tr>
<td>WVU ID#: ____________________________</td>
</tr>
<tr>
<td>Date of Birth: <strong>/</strong>/____</td>
</tr>
<tr>
<td>Street Address: _________________________________________</td>
</tr>
<tr>
<td>Home Phone: __________________________________________</td>
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<tr>
<td>How did you hear about Adventure WV? ____________________________</td>
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<tr>
<th>EMERGENCY CONTACT INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Emergency Contact #1: _______________ Relationship: ____________________</td>
</tr>
<tr>
<td>Cell Phone: _______________ Home: _______________ Work: _______________ Email: _______________</td>
</tr>
<tr>
<td>Emergency Contact #2: _______________ Relationship: ____________________</td>
</tr>
<tr>
<td>Cell Phone: _______________ Home: _______________ Work: _______________ Email: _______________</td>
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<thead>
<tr>
<th>INSURANCE INFORMATION</th>
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<tbody>
<tr>
<td>Name of Insurance Company: ____________________________</td>
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<td>Group #: ____________________________</td>
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<tr>
<th>ALLERGY INFORMATION</th>
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<tbody>
<tr>
<td>Do you have any ALLERGIES? ____________________________</td>
</tr>
<tr>
<td>If YES, do you carry epinephrine, such as an Epi-Pen? ____________________________</td>
</tr>
<tr>
<td>If YES, Have you ever been hospitalized for these allergies? ____________________________</td>
</tr>
<tr>
<td>Describe your allergies, including severity and other pertinent information: ______________________________________</td>
</tr>
</tbody>
</table>

Phone (304) 293-5221 – AdventureWV@mail.wvu.edu – adventurwv.wvu.edu
2001 Rec Center Dr., Morgantown, WV 26506-6018
Page 1 of 2

Page 1 of 2
REQUIRED REGISTRATION FORMS - MOUNTAINEER QUEST
SUBMIT THESE FORMS TO OUR OFFICE BY MAIL OR EMAIL WITHIN 14 DAYS OF REGISTRATION

DIETARY INFORMATION
Please mark dietary restrictions, needs, and requests here. If it is not listed on this form, we cannot accommodate it.

Do you have any DIETARY RESTRICTIONS (i.e. vegetarian, lactose-intolerant, etc.)? _____ YES _____ NO

Describe your dietary restrictions, including foods avoided and other pertinent information: ____________________
_____________________________________________________________________________________________

OTHER PERTINENT HEALTH INFORMATION
Please list any other pertinent health information that may affect your ability to participate in this program, including recent injuries, pre-existing health conditions, etc.:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

MEDICATIONS
If you are taking any medication that may be required during the program, you must bring all of those with you.
If you do not have them, you may not be allowed to participate in the program.
Please list all medications, if not taken, that may affect your ability to participate in the program:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

OTHER
If you regularly use any brace, orthotic, or other device, please bring this device with you.
If you do not have them, you may not be allowed to participate in the program.

Please list any brace, orthotic, or other device that you use regularly:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

VISION/HEARING CORRECTION
Please bring any vision or hearing corrective items with you. If you wear contacts, please bring glasses in addition.

Do you wear glasses, contacts, hearing aids, or use other implements to correct vision/hearing? _____YES _____NO

PHYSICIAN INFORMATION
Physician’s Name: ______________________ Phone: ____________________________

ACCURACY STATEMENT
I have reviewed the AWV Essential Eligibility Criteria online at adventurefirstyear.wvu.edu/essential-eligibility-criteria
and certify that I meet the criteria necessary to participate in the activities involved: ____________________ (initial)

I hereby state, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Participant: ____________________________ Date: ___________________

Signature of Parent/Guardian (Required if under 18): ____________________________ Date: ___________________

Phone (304) 293-5221 – AdventureWV@mail.wvu.edu – adventurewv.wvu.edu
2001 Rec Center Dr., Morgantown, WV 26506-6018
Note that the following page contains a third-party waiver for the whitewater rafting that is a part of your Mountaineer Quest Trip. It is a single page, “Laurel Highlands River Tours, Inc.” waiver. Please ensure that you print, complete, and return this third-party waiver in addition to the Adventure WV specific forms that precede this page.
Agreement to participate and affirmation of liability release for
LOWER YOUGHIOGHENY

LAUREL HIGHLANDS RIVER TOURS, INC.

Today's Date: _[_]_ - _[_]_ - _[_]_  Rally Time: _:_

Last Name: ____________________________  First Name: ____________________________

Present Address: ____________________________  Apt.: ____________________________

City: ____________________________  State: ____________________________  Zip: ____________ - ____________

Phone: ____________________________  E-mail: ____________________________

Do you want to receive email specials?   Yes_____   No____

Is this a new address since your last visit?    Yes   ❑  No   ❑   Date of Birth: ____________ / ____________ / ____________

PARTICIPANT ASSUMES ALL RISKS.

Advise us of any medical conditions that may affect your ability to participate in today’s activities.

In consideration of Laurel Highlands River Tours, Inc. and Laurel Highlands Rentals, Inc. (“Laurel Highlands”) furnishing services and/or equipment to enable me to participate in outdoor activities, I agree as follows:

All outdoor activities by their very nature provide a physical and mental challenge to an active participant. The individual participates largely based on his or her own stamina and strength. I fully understand and acknowledge that all outdoor recreational activities, including but not limited to rafting, swimming, canoeing, hiking and bicycling, have: (a) inherent risks, dangers and hazards which exist in my use of outdoor activity equipment and my participation in outdoor activities, (b) my participation in such outdoor activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risk and dangers may be caused by the alleged negligence, recklessness, or gross negligence of the owners, employees, officers or agents of Laurel Highlands River Tours, Inc. and/or Laurel Highlands Rentals, Inc., including their equipment, the negligence, recklessness, or gross negligence of the participants, the negligence, recklessness, or gross negligence of others, accidents, breaches of contract, failure to render aid, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, water, weather, trail, hazards above and below the water and other hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the alleged negligence, recklessness, or gross negligence or other conduct of the owners, agents, officers, or employees of Laurel Highlands River Tours, Inc. and/or Laurel Highlands Rentals, Inc. or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify Laurel Highlands River Tours, Inc. and Laurel Highlands Rentals, Inc. and its owners, agents, officers, and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any outdoor activity equipment or my participation in any outdoor activities. I specifically understand that I am forever releasing, discharging and waiving any claims or actions that I may have presently or in the future for the alleged negligent, reckless, and gross negligent acts and/or other conduct by the owners, agents, officers or employees of Laurel Highlands River Tours, Inc. and Laurel Highlands Rentals, Inc.

The Venue of any dispute that may arise out of this agreement, or otherwise, between the parties to which Laurel Highlands River Tours, Inc. or Laurel Highlands Rentals, Inc. or its agents is a party, shall be either the Borough of Ohiopyle, Pennsylvania Justice Court or the State Court in Fayette County, Pennsylvania. This Agreement shall be governed by Pennsylvania law without consideration to its Choice of Law provisions.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO ASSUME THE RISK OF INJURY AND RELIEVE LAUREL HIGHLANDS RIVER TOURS, INC., LAUREL HIGHLANDS RENTALS, INC., ITS AGENTS, EMPLOYEES, AND RELATED ENTITIES FROM ALL MANNER OF LIABILITY INCLUDING LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY ANY ACTUAL OR ALLEGED NEGLIGENCE, RECKLESSNESS, GROSS NEGLIGENCE, INTENTIONAL ACT OR OMISSION, FRAUD, MISREPRESENTATION OR ANY OTHER CAUSE. Laurel Highlands River Tours, Inc. and Laurel Highlands Rentals, Inc. reserve the right to use any and all photos/videos of you or your group for promotional purposes.

_________________________________________  ____________________________________________
Signature of Participant                      Signature of Participant

P.O. Box 107 • Ohiopyle, PA 15470
1-800-4RAFTIN (472-3846)
email: info@laurelhighlands.com

Form 01-5/12

If under the age of 18, Parent or Legal Guardian

Advise us of any medical conditions that may affect your ability to participate in today’s activities.