

# FSU Campus Recreation OUTDOOR PURSUITS

## ONLINE TRIP REGISTRATION FORM

You may email this completed form back to [outdoorpursuits@admin.fsu.edu](mailto:outdoorpursuits@admin.fsu.edu) or send by fax 850-644-9852.

*Confirmation of trip registration will not be complete until Outdoor Pursuits has received trip payment. You can either mail a check made payable to Florida State University to: Outdoor Pursuits, 3226 Flastacowo Road, Tallahassee, FL 32310 or call 850-644-2449 to process credit card payment over the phone during regular office hours (2PM-7PM M -F). Payment must be postmarked at least two weeks prior to trip departure to be accepted.*

<b>Trip Name:</b>				
<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>
<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>	FSU STUDENT?	NON-STUDENT?
<b>FSU Student ID Number (if applicable):</b>				
<b>Local Address:</b>				
<b>City, State, Zip:</b>				
<b>Preferred Phone:</b>			<b>Email address:</b>	
<b>Would you like to be notified about upcoming OP trips and clinics via email?</b>			YES	NO

<b>Emergency Contact:</b>	<b>Relationship:</b>
<b>Contact Phone:</b>	

**ALL PARTICIPANTS MUST BE COVERED BY HEALTH/ACCIDENT INSURANCE, OR ABLE TO PAY.** INITIAL \_\_\_\_\_

<b>Insurance Carrier:</b>	
<b>Name policy is under:</b>	<b>Policy Number:</b>

Please briefly describe any physical conditions, allergies, medications or recent history that we should know. **We will treat all information confidentially.** We need you do be as specific as possible so we can be prepared for the unlikely event of a problem. Please check all that apply and list information that is necessary. All of our Trip Leaders are trained in First Aid and CPR. The cost of any rescue or treatment beyond such first aid will be borne by the participant.

Please provide brief details on all "YES" responses:

Allergies?	YES	NO				
Medications?	YES	NO				
Physical Conditions?	YES	NO				
Recent Surgeries?	YES	NO				
Other?	YES	NO				
Dietary Restrictions/Requirements?	YES	NO				
Fitness level:	Great	Good	Average	Below Average	Very Little	None
Swimming ability:	Competitive		Recreational		Non-swimmer	

Do you have experience in this activity? YES NO If yes, explain briefly: \_\_\_\_\_

### Voluntary Waiver of Liability

In consideration of my acceptance into this activity, it is clearly understood that neither the Florida Board of Regents, The Florida State University, its agents and employees will have any legal responsibility, expressed or implied, in the connection with such activity. Each person participating accepts his/her own risk for any and all injuries and/or damages resulting from such participation, and including that which might happen or occur en route to and from such activity, as well as during the entire period of such activity and affirms his/her own capability to safely participate in this activity.

### Assumption of Risk

It is understood that there exists certain inherent dangers and serious injuries associated with this activity. These dangers could include, but are not limited to heatstroke, sunburn, animal/insect bites, sprained/broken limbs and death. It is agreed that as a participant in the activity above, I will 1) Follow all instructions of the trip coordinator(s); 2) Be responsible for my actions at all times; 3) Have the option to not participate in any maneuver or action which I think is too dangerous or could otherwise be harmful to me or others. Knowing the risks and conditions required for the above activity, I hereby agree to assume those risks and release, hold harmless and indemnify all those persons or entities mentioned above. Therefore, in consideration of the benefits received from this recreational program, I understand and agree to the previous statements and to assume the risk of participation accordingly.

### Photo/Media Release

I grant FSU Campus Recreation and persons acting for or through them, the right to use, reproduce, assign/or distribute photographs, films, videotapes, and sound recordings of me for use in materials they may create.

### Drug and Alcohol Policy

The philosophy and principle of the Outdoor Pursuits program at Florida State University DOES NOT CONDONE THE USE OF ALCOHOL OR DRUGS during the course of any event sponsored by the program. I understand that the program will take disciplinary action against me should I violate this policy. Such violators may also be referred to the Office of Student Rights and Responsibilities for appropriate action.

*\*For further information regarding this policy, please ask for a copy of the "Outdoor Pursuits Official Drug and Alcohol Policy Statement".*

I voluntarily certify that I have read, understand, and willingly agree to the above.

Signature:	Date:
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