

Interactive Events Informed Consent Form

I, the undersigned, consent to participation in the adventure programs operated by Vertical Edge Entertainment. I further agree that in consideration of the acceptance I, the undersigned, on behalf of myself, my heirs, executors, administrators, successors and assignees, do hereby release and discharge Vertical Edge Entertainment, volunteers, support staff, sponsors and employees from any and all claims, damages, demands and causes of action arising out of my participation in this program.

I do attest and verify that I am physically fit to participate in strenuous physical exercise. I am aware that participation in activities such as the high ropes course, team building challenges, climbing wall, and/or other adventure activities are potentially hazardous. Potential risks include, but are not limited to falls, contact with wall. Such risks are known and understood by me. I agree to abide by the direction and instruction of the Vertical Edge staff during my participation on the mechanical bull and/or other adventure activities.

WARNING: There are significant elements of risk in any adventure, sport or activity associated with rock climbing and challenge course activities, (referred to herein as "activity"). Although we have taken reasonable steps to provide participants with appropriate equipment and skilled instructors, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to personal equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity, which I and/or any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness (including death), and any related expenses. I also assume responsibility for damage to or loss of my/our personal property. I (we) agree to be attentive to instruction prior to participation, and to follow verbal rules.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group; and or refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become your property and may be used for promotional or commercial purposes.

RELEASES: In consideration of services or property provided, I, for myself and any minor children which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release:

VERTICAL EDGE ENTERTAINMENT INC., Word of Life Fellowship, & WMU, Its principals, directors, trustees, officers, agents, employees and volunteers and each and every land owner, municipal and/or governmental agency and school upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I have read and understood the foregoing acknowledgement of risk, assumption of risk and responsibility and release of liability. I understand that by signing this form I may be waiving legal rights.

Emergency Medical Authorization: Even if a parent gives written consent for emergency medical treatment, if a student becomes ill or injured and requires emergency medical treatment while participating at the Michigan State University event, every reasonable attempt will be made to contact the parent/guardian before the treatment is given. This form (or a copy thereof) shall be presented to the hospital or practitioner rendering treatment.

I hereby give my consent for the administration of any needed treatment deemed necessary by a licensed physician, dentist or hospital. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in necessity for such surgery, are obtained before surgery is performed.

I understand this consent form and agree to its conditions.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____