



McMASTER

OUTDOOR RECREATION

ALTITUDE TEAM DEVELOPMENT Participant Consent Form

Participant's Name: _____

I hereby acknowledge that certain risks of injury are inherent to participation in recreational activities, sporting activities and lessons on and associated with the ALTITUDE Program. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both.

I hereby understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. Some activities involve an intense level of activity.

I hereby agree that McMaster University, its faculty, staff and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities, property damage or lost property.

I have read thoroughly the information brochure and understand the intensity of all activities involved. I understand that the level of my participation is on a challenge by choice basis and that all McMaster University faculty, staff, and agents will respect my decision regarding the level of intensity of my participation.

If at any time emergency medical treatment is necessary, I give my consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and or emergency contacts. McMaster University may decline a participant due to physical and/or verbal abuse towards staff and participants.

I hereby authorize McMaster University to take my photograph to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with Department of Athletics & Recreation Camps & Programs.

I declare having read and understood the above informed consent agreement in its entirety.

Signature of Participant

Date

Witness

Date

Signature of Parent/Guardian (if under the age of 18)

Date

Witness

Date



Achieving Leadership Through Integrating Teamwork, Unity, Dedication, and Empowerment