PARTICIPATION AGREEMENT
AND INFORMED CONSENT

The undersigned Applicant wishes to be accepted for participation in a Rogers State University Hilltop Challenge Course program to be organized by:

________________________________________________________________________

(Organizing Agency or Group)

Participation in the Hilltop Challenge course involves exercises, which are, by nature, physically demanding and will subject the Applicant to stress, anxiety and possible hazards, not all of which can be foreseen. I understand participation includes climbing and walking on cables, logs, ladders, walls and beams at various elevated heights. Risks include, but are not limited to, skeletal-muscular injuries (e.g. strains, contusions, or bone fractures) and cardiovascular related disorders (e.g. fainting, abnormal blood pressure, disorders of heartbeat and heart attack). Reasonable precautions will be taken to protect all participants.

Because of the risks involved in participating in the challenge course, I recognize the importance of following the instructions regarding the rules of the event and agree to obey these instructions. I hereby acknowledge and state that my participation in this activity is entered into as a free and voluntary act with full and complete knowledge of the risks involved.

In consideration of being allowed to participate in the Hilltop Challenge event, I hereby release and covenant not to sue Rogers State University and/or Challenge Quest, LLC. (CQ), and any of RSU/CQ’s affiliated companies as well as their board of directors, officers, staff, employees, owners, agents and any individual or company (the Releases) assisting, instructing or conducting the Hilltop Challenge Event activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives and assigns.

Medical Treatment Release: In the event of an emergency, I do hereby authorize an x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist and any hospital service that might be rendered under the general, specific or special consent of the Challenge Course staff. (It is understood that all expenses for treatment provided will be borne by the parent, guardian, or the participant.)

Executed This __________ Day Of ___________________________, ________________

Applicant (Print) ____________________________________________ Age ___________

Signature ___________________________________ Witness _______________________

Parent or Guardian __________________________________________________________

(If Applicant is under 18 years of age)
Medical Information: Do any of the following medical conditions apply to the participant? (Please explain if answering yes to any question)

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back or Neck Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic Reactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee, Bone or Joint Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy or Seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent Surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If yes is answered to any of the above conditions, the Applicant should consult with a physician before participating in challenge course activities.

Photo/Media Release: I hereby release the use of any photographs or video footage taken on the Course to be used as needed for publicity of the RSU Hilltop Challenge program.

Executed This __________ Day Of ___________________________, _________________

Applicant (Print) ____________________________________________ Age ___________

Signature ___________________________________ Witness _______________________

Parent or Guardian __________________________________________________________
(If Applicant is under 18 years of age)

NO ONE WILL BE ALLOWED TO PARTICIPATE OR BE PRESENT AT A HILLTOP CHALLENGE EVENT WITHOUT THIS COMPLETED AND SIGNED RELEASE FORM

PLEASE MAKE COPIES AS NEEDED