

**Georgia FFA-FCCLA Center Ropes Course**  
**Assumption of Risk / Informed Consent / Voluntary Release**

Must be presented upon arrival and check in.

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I, \_\_\_\_\_ (print name), fully understand that my participation in challenge/ropes course activities facilitated by the Georgia FFA-FCCLA Center and all of their employees and instructors could result in injury or death. Also, my participation requires that I am of good physical condition and I do hereby accept all responsibility for my own physical well-being. Being fully aware of the degree of risk and injury to myself, I hereby release and hold harmless the Georgia FFA-FCCLA Center and all of their employees and instructors from any claim, action, damage, liability, and expenses of any kind resulting from accident or injury incurred by myself while participating in these activities.

By signing this release form I agree to release and hold harmless the Georgia FFA-FCCLA Center and all employees and instructors for any claim, action, liability, damage or injuries, physical or mental which I might incur as a result of my voluntary decision to participate in the team building activities held on \_\_\_\_\_ (event date).

If I do voluntarily choose to participate in the team building activities, I recognize that there can be an element of risk associated with any sport, challenge, or outdoor activities. Knowing the inherent risks, dangers, and rigors of such activities, I certify that I am fully capable of participating in these activities.

I assume full responsibility for myself for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, included but not limited to those caused by the obstacle course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree to indemnify and hold harmless the Georgia FFA-FCCLA Center and all employees and instructors from any and all claims, actions, damages, liabilities, and expenses of any kind or nature resulting in loss of life, personal or bodily injury, and/or damage to property arising from or out of any occurrence associated with the aforementioned team building activities.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space below I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

Participant Name (print) \_\_\_\_\_

Participant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian *must* sign if participant is under 18 years of age.)

Instructor or witness \_\_\_\_\_

Address of Participant \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_