

**LIABILITY WAIVER**  
**Stecher Adventures, LLC..**

**Participant's Name:** \_\_\_\_\_

**Emergency contact name** \_\_\_\_\_

**Emergency Phone Number:** \_\_\_\_\_

Location of Event: **MILLERSVILLE UNIVERSITY**

**Date of Event: July 21, 2022**

**Or rescheduled weather date**

Description of event and activities involved: **Adventure-Based, High Ropes Activities and low ropes.**

I, \_\_\_\_\_ (guardian's name if participant is a minor), hereby acknowledge and request that the above participant will be taking part in the aforementioned described activity sponsored by **Stecher Adventures, LLC.** at Millersville University.

It is understood that the above-described activity will be physical in nature and as with all physical activities, there exists certain risks and possibility of injury. I hereby grant the authority for the staff of Stecher Adventures, LLC. to render medical care (within their standards of care) if necessary, to transport and secure medical care of myself in the event that medical attention is needed. The participant and their parent(s)/legal guardian(s) certify that the participant has no physical or mental condition that precludes them from participating in activity without reasonable adaptation and that they are not participating against medical advice.

Furthermore, I do hereby agree to hold harmless from any and all liabilities, losses, expenses, or damages incurred: (1) ) Millersville University staff members, employees, or their estates, (2) Stecher Adventures, LLC. Christian Stecher, and any staff members, employees, or their estates. The participant and their parent(s)/legal guardian(s) understand that the participant is obligated to follow the rules of the activities and that they can minimize their risk of injury by doing so and also through the use of common sense and by being aware of their surroundings. Due to the current health situation, we have implemented new guidelines to best protect against the spread of COVID-19. Participants understand that using all these precautions may not prevent the spread of COVID-19 especially in situations where participants don't follow appropriate protocols. I also waive, release and forever discharge any and all rights and claims for damages, which we have or which may hereafter accrue to us arising out of these incidents.

I, the undersigned, have read, understood and agree to the above.

**Signature of Guardian:**

\_\_\_\_\_

**(or Participant if over 18)**

**Date:** \_\_\_\_\_