

GO-AdventureSports Adventure Programs

Acknowledgment of Participant Responsibility, Express Assumption of Risk, and Release of Liability

I _____, understand that during my participation in this **GO-AdventureSports** Adventure Program ("Program"), I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each program and cannot be eliminated without destroying the unique character of the Program. These risks include, but are not limited to, the dangers of serious personal injury, property damage, and death ("Injuries and Damages") from exposure to the hazards of Adventure Programs and **GO-AdventureSports** has not tried to contradict or minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and assistants or third parties, either as a result of negligence or because of other reasons. I understand that risks of such Injuries and Damages are involved in Adventure Programs such as **GO-AdventureSports** Programs and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards.

In consideration for my acceptance as a participant in this Program, and the services and amenities to be provided by **GO-AdventureSports** in connection with the Program, I confirm my understanding that:

- I understand any Rules and Conditions applicable to the Program made available to me; I will pay any costs and fees for the Program, and I acknowledge my participation is at the discretion of the leader.
- The Program officially begins and ends at the location(s) designated by **GO-AdventureSports**. The program does not include any carpooling, transportation, or transit to and from the Program, and I am personally responsible for all risks associated with this travel.
- If I decide to leave early and not to complete the Program as planned, I assume all risks inherent in my decision to leave and waive all liability against **GO-AdventureSports** arising from that decision. Likewise, if the leader has concluded the Program, and I decide to go forward without the leader, I assume all risks inherent in my decision to go forward and waive all liability against **GO-AdventureSports** arising from that decision.
- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY GO-AdventureSports**, its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by negligence of **GO-AdventureSports** its officers, directors, employees, agents, and leaders, in any way connected with the Program. I further agree to **HOLD HARMLESS GO-AdventureSports**, its officers, directors, employees, agents and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant during the Program. I understand and intend that this assumption of risk and release is binding on my heirs, executors, administrators and assigns, and includes any minors accompanying me during the Program.

Name: _____ Date: _____

Signature: _____

If you are a minor (under age 18), your parent or legal guardian must sign this Agreement on your behalf.

I hereby agree and consent to the foregoing Agreement on behalf of the minor below.

Name: _____ Age: _____ Date: _____

(Please Print)

Signature of Parent or Guardian: _____

Medical History Form-Page 2

Prior conditioning is strongly recommended. During all of our Programs, clients are expected to take personal responsibility for their own safety.

Please consider the statements below carefully as you complete this Medical History Form. Withholding knowledge of previous Medical conditions may adversely affect the safety of every member of the group.

Name _____ E-mail _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

Who to Contact in Case of Emergency
Name _____ Phone _____

Name of Physician _____ Physician's Phone _____
Medical Insurance Policy _____

Please list any current or past medical conditions that may be affected or aggravated by your participation in a *GO-AdventureSports* Program, including:

Cardiac/Respiratory Problems, Diabetes, Neurological Problems, Musculoskeletal Injuries, Etc...

Are you allergic to any plants, animals, insects, foods or medications?

Date of your last Doctor visit and why:

Your age: _____ Height: _____ Weight: _____

I understand and acknowledge that **GO-AdventureSports** is not making a determination of my fitness for a Program; rather, I represent to **GO-AdventureSports** and verify that I am physically fit and ready for a Program by placing my initials here:

Please initial here _____

Verification of Accuracy and Full Disclosure

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and to others during a Program. I represent and warrant that I have provided all material and important information pertaining to my medical, mental and physical condition in view of my participation. I agree to notify the **GO-AdventureSports** Lead Instructor if there is any change in my mental, physical or medical condition prior to my scheduled activity.

Please initial here _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my participation in a **GO-AdventureSports** Program.

Please initial here _____