

Assumption of Adult Risk/Waiver of Liability Form

**ADULTS 18 YEARS AND OLDER.
PLEASE READ BEFORE SIGNING.**

Please make a copy of this form and have each person enrolled in the following activities read and sign this waiver.

Activities requiring a signed waiver:

- Climbing Wall
- High Challenge Course
- Zip Line



Questions:

Snow Mountain Ranch
Outdoor Education Director
(970) 887-2152, ext. 4131

To submit forms by mail:

Please make a copy and mail to:
Snow Mountain Ranch
ATTN: Program Office
PO BOX 169
Winter Park, CO 80482

To submit forms by fax:

Send with cover sheet to:
(303) 449-6781

E-mail:

mdegginger@ymcarockies.org
Program Director

jayer@ymcarockies.org
Assistant Program Director

There are risks involved in this activity and/or these activities. You need not participate. It is your choice whether you participate in this activity or these activities and to what level. Our philosophy is "Challenge By Choice," which means you select the degree of challenge (if any) to which you will be exposed. However, in order for you to participate at any level in this activity or these activities you must sign this document, and your signature forever waives your right to sue the YMCA of the Rockies (and its directors, staff, employees and other contracted parties) for any injury (or death) you may suffer arising out of your participation in this activity or these activities.

ACKNOWLEDGEMENT OF RISK

I acknowledge that there are risks and hazards in any of the activities in which I have chosen to participate. These risks include, but are not limited to: physical injury, trauma, emotional injury, death, and property damage. These hazards include but are not limited to: Falling from a height of up to 50 feet (climbing wall and high challenge course only); equipment failure; interference from other activities in the vicinity; high altitude (above 8,000 feet); and rigorous physical activity and exhaustion. The activity or activities in which I have chosen to participate may include intense physical challenges which, aggravated by high altitude conditions, may place unusual demands on my bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards I may encounter, and that I may encounter unforeseen situations.

CERTIFICATION OF FITNESS

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity or these activities. I have listed below any medical conditions that the YMCA should be aware of which may hinder my participation in the activity selected. However, I understand that it is solely my responsibility to determine whether there is any medical reason, including personal or family history of cardiac disease, why I should not participate in the selected activity.

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF THAT MAY HINDER YOUR PARTICIPATION? No Yes IF YES, PLEASE EXPLAIN:

WAIVER OF LIABILITY

In order to participate in the activity or activities listed above, I forever waive my right to sue the YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any injury (including death) I may suffer arising out of my participation in this activity or these activities. I understand that by signing this document all liability of the YMCA (including its directors, staff, employees, and other contracted parties) to myself for any injuries (including death) I may suffer arising out of my participation in the activity or activities listed above will be forever extinguished.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

Name of Participant (please print): _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____ E-mail: _____

IN THE CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____ E-mail: _____

Signature of Participant: _____ Date: _____

Please remove this page, complete and then make copies of all forms before mailing.



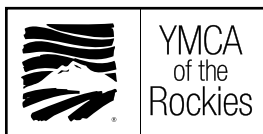
Assumption of Minor Child Waiver of Liability Form

**ADULTS ON BEHALF OF A MINOR
CHILD (17 YEARS OR YOUNGER).
PLEASE READ BEFORE SIGNING.**

Please make a copy of this form and have each person enrolled in the following activities read and sign this waiver.

Activities requiring a signed waiver:

- Climbing Wall
- High Challenge Course
- Zip Line



Questions:

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E-mail:
mdegginger@ymcarockies.org
Program Director

jayer@ymcarockies.org
Assistant Program Director

There are risks involved in this activity and/or these activities. Your child need not participate. It is your child's choice whether your child participates in these activities and to what level. Our philosophy is "Challenge By Choice," which means your child selects the degree of challenge (if any) to which your child will be exposed. However, in order for your child to participate at any level in these activities you must sign this document, and your signature forever waives your right (and your child's right) to sue the YMCA of the Rockies (and its directors, staff, employees and other contracted parties) for any injury (or death) your child may suffer arising out of your child's participation in this activity or these activities.

ACKNOWLEDGEMENT OF RISK

I acknowledge that there are risks and hazards in any of the activities in which my minor child has chosen to participate. These risks include, but are not limited to: physical injury, trauma, emotional injury, death and property damage. These hazards include but are not limited to: Falling from a height of up to 50 feet (climbing wall and high challenge course only); equipment failure; interference from other activities in the vicinity; high altitude (above 8,000 feet); and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include physical challenges, which, if aggravated by high altitude conditions, may place unusual demands on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

CERTIFICATION OF FITNESS

I certify that my minor child is completely healthy (both physically and emotionally) and capable of participating in the activity or activities. I have listed below any medical conditions that the YMCA should be aware of which may hinder my minor child's participation in the activity or activities selected. However, I understand that it is solely my responsibility to determine whether there is any medical reason that my minor child should not participate in the selected activity.

DOES THE PARTICIPANT FOR WHOM YOU ARE SIGNING HAVE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF THAT MAY HINDER HIS/HER PARTICIPATION? No Yes
IF YES, PLEASE EXPLAIN:

WAIVER OF LIABILITY

In order that my minor child may participate in the activity or activities listed above, I forever waive my right (and my child's right) to sue the YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any injury my minor child may suffer arising out of my minor child's participation in these activities. I understand that by signing this document all liability of the YMCA (including its directors, staff, employees, and other contracted parties) to myself and my minor child for any injuries my minor child may suffer arising out of my minor child's participation in the activity or activities listed above will be forever extinguished.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

Name of Participant (please print): _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____ E-mail: _____

IN THE CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____

Phone (H): _____ Phone (W): _____

Phone (C): _____ E-mail: _____

Signature of Participant: _____ Date: _____