

# ***YMCA/Red Pines Participant Liability Waiver***

|   |  |                             |  |                      |  |
|---|--|-----------------------------|--|----------------------|--|
| <b><i>Participant Name</i></b>                  |  | <b><i>Date of Birth</i></b> |  | <b><i>Gender</i></b> |  |
| <b><i>Address</i></b>                           |  | <b><i>City</i></b>          |  | <b><i>State</i></b>  |  |
| <b><i>Zip</i></b>                               |  | <b><i>State</i></b>         |  | <b><i>Zip</i></b>    |  |
| <b><i>Email Address</i></b>                     |  |                             |  | <b><i>Phone</i></b>  |  |
| <b><i>Parent/Guardian Name; if under 18</i></b> |  |                             |  | <b><i>Phone</i></b>  |  |
| <b><i>Emergency Contact</i></b>                 |  |                             |  | <b><i>Phone</i></b>  |  |

## ***PARTICIPANT MEDICAL PROFILE***

I recognize that challenge course activities are strenuous endeavors requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in climbing activities and that if I am now under the treatment for any of the following I will check the proper heading and discuss them with a YMCA/Red Pines instructor.

### **Please check the appropriate heading;**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Nervous disorder                 | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Kidney related disease                    | <input type="checkbox"/> Back injury        |
| <input type="checkbox"/> Shortness of breath              | <input type="checkbox"/> Neck injury               | <input type="checkbox"/> Alcoholism                                | <input type="checkbox"/> Pregnancy          |
| <input type="checkbox"/> Mental distress                  | <input type="checkbox"/> Recent injury             | <input type="checkbox"/> High Blood Pressure                       | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Fainting spells                  | <input type="checkbox"/> Convulsions               | <input type="checkbox"/> Hearing loss or impairment                | <input type="checkbox"/> Orthopedic problem |
| <input type="checkbox"/> Insect allergies                 | <input type="checkbox"/> Drug addiction/dependency | <input type="checkbox"/> Cardiac or Pulmonary condition or disease |   |
| <input type="checkbox"/> Any other condition (list) _____ |  |  |   |

I further certify that if I am on any regular medication I will discuss this medication with the Red Pines staff and I have not taken any alcoholic beverages or mind altering drugs in the last 12 hours.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ***ACKNOWLEDGEMENT OF RISK & ASSUMPTION OF RESPONSIBILITY***

I understand that during my participation in this adventure course activity I may be exposed to psychologically and physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment for each activity it is impossible for the program to guarantee absolute safety. I also understand that I share responsibility for safety and I assume that responsibility.

Further I wave any claim that may arise against the GLOW YMCA and or its employees, its employees, directors, and agents and other participants as a result of my participation in the program, except those which are a direct result of the negligence by the GLOW YMCA or its employees, its employees, directors and agents and other participants. I have accepted responsibility for verifying my personal health and my medical history on the top of this sheet. In so doing I state that I have no physical or psychological problems that would prohibit participation in this program. I agree to comply with all instruction and direction given by YMCA/Red Pines staff during my participation.

**Participant/Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_