

YMCA OF THE ROCKIES
Acknowledgment of Risk/Waiver of Liability Agreement
(ADULT ON BEHALF OF A MINOR CHILD)
Please Read Before Signing

ESTES PARK CENTERCHALLENGE COURSE
(Check and initial all that apply)

_____ Low Challenge Course _____ High Challenge Course

There are risks involved in this activity and/or activities. Your child need not participate. It is your child's choice whether your child 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 your child will be exposed. However, in order for your child to participate at any level in this activity or 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) you may suffer arising out of your participation in this activity or these activities.

ACKNOWLEDGMENT OF RISK

I acknowledge that there are risks and hazards involved 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, death, emotional injury, and property damage. These hazards include, but are not limited to: falling from a height of 0 to 50 feet above the ground; falling objects; equipment failure; exposure to the sun; cold and severe weather conditions; uneven or unsuspected road; trail or ground surfaces; contact with animals or insects; interference from other activities in the vicinity; high altitude (above 8000 feet); and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include intense physical challenges which, aggravated by high altitude conditions, may place unusual demand 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 this activity or these activities. I have listed below any medical condition that the YMCA should be aware of which may hinder participation by my minor child in the activity 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.**

DO YOU HAVE ANY MEDICAL CONDITION 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 YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any injury (including death) my minor child 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 me and my minor child for any injuries (including death) 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 ACKNOWLEDGMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THE MEANING OF THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

NAME OF PARTICIPANT (Please Print) _____ AGE _____
DATE OF BIRTH _____ DATE(S) OF PARTICIPATION _____
ADDRESS _____ CITY _____, STATE _____, ZIP _____
HOME PHONE () _____ WORK PHONE () _____
IN CASE OF EMERGENCY, CONTACT: NAME _____ PHONE _____
SIGNATURE OF PARENT/GUARDIAN (FOR PARTICIPANTS UNDER 18 YEARS OF AGE)

_____ DATE OF SIGNATURE _____