



City of Mount Vernon and
Andrews Consulting, LLC D.B.A Northwest Teambuilding
Participant Acknowledgment of Risk, Waiver and Release



I am eighteen years of age or older, fully competent and I desire to participate in the City of Mount Vernon sponsored recreation activity of *Eagle Rock Challenge Course*. I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things, falls and collisions with other participants, serious bodily injury or death due to equipment failure, lack of physical health and inclement weather conditions. I am fully aware that participation in the course will entail physical exertion, possibly at high elevations, in outdoor conditions that require the participant to perform acts of dexterity. Furthermore, Challenge Course facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the ability levels of individuals or the group. They may give inadequate warnings or instructions, and equipment being used might malfunction. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Should the Challenge Course, Andrews Consulting and Northwest Team Building, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume--and bear the costs of--all risks that may be created, directly or indirectly, by any such condition.

Thus, now being fully informed as to these risks and in consideration of my being allowed to participate in City sponsored activities and/or use of City facilities, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the City of Mount Vernon, Andrews Consulting and Northwest Teambuilding, its contractors, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my voluntary participation in this activity. Furthermore, I authorize the City of Mount Vernon and Andrews consulting and Northwest Teambuilding, to release and use that Health information obtained in this document to health care providers for the purposes of providing emergency aid should the need arise. I hereby waive any and all right to recovery to bring a claim or lawsuit against the City or Andrews Consulting and Northwest Teambuilding, due to the release of this information under in any and all applicable laws including Title 72 RCW known as the state medical privacy act, the federal Health Insurance Portability and Accountability Act (HIPAA), and common law privacy rights.

Participant Printed Name **Participant Signature** **Date**

Participant Address **Participant Phone Number**

PARENT/ GUARDIAN'S ADDITIONAL INDEMNIFICATION
-- Must be completed for participants under the age of 18 --

In consideration of _____ (print participant's name), a Minor, being permitted by The City of Mount Vernon to participate in its activities and use its equipment and facilities, I (we) release and hold harmless the City of Mount Vernon, Andrews Consulting and Northwest Teambuilding, its contractors, employees and agents and agree to waive any right of recovery that I(we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I(we) grant my(our) full and voluntary consent for the above-named child to participate in the activity described above. I (we) hereby certify that if the above named child has any physical ailment or condition which might affect the Child's health through participating in recreational activities or programs, I (we) have consulted with the Child's personal physician or other medical authority and received permission to participate. I (we) certify that we have read the entire document and are fully aware of the risks of injury, damage and harm to my (our) child arising from such activities or use.

Parent/ Guardian Signature: _____
Print Name: _____
Date: _____

Linda Brookings
1717 South 13th Street
Mount Vernon, WA 98274
Phone: 360-336-6215
Fax: 360-336-6290

PLEASE COMPLETE OTHER SIDE

Eagle Rock Challenge Course Participant Health Information

This information will be used solely for preventing injury or aiding in response should an injury or medical situation arise.

Participant Name _____

Daytime phone _____ Evening phone _____

Name of physician _____ Physician phone _____

Name of insurance provider _____ Group & ID # _____

IN AN EMERGENCY, notify: _____ Phone _____

Overall, how would you describe your general health?

Have you had any recent injuries (within the last 6 months)? Yes _____ No _____

If yes, please explain: _____

Do you have any old injuries that we should know about? Yes _____ No _____

If yes, please explain: _____

Have you ever been hospitalized? Yes _____ No _____

If yes, please explain: _____

Are you currently taking any medication? Yes _____ No _____

If yes, please explain: _____

Do you any allergies (medications, seasonal, bees)? Yes _____ No _____

If yes, please explain: _____

PARENT/ GUARDIAN'S RELEASE

-- Must be completed for participants under the age of 18 --

As a parent or legal guardian, I authorize a licensed physician to examine the above-named participant and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the City of Mount Vernon Parks and Recreation Department and Andrews Consulting and Northwest Teambuilders to send the above-named participant to the hospital or doctor most accessible.

Parent/ Guardian Signature

Date

PLEASE COMPLETE OTHER SIDE