



ASSUMPTION OF RISK & LIABILITY RELEASE AGREEMENT

Safety Information:

While we strive to minimize risk, it is impossible to completely eliminate it, without destroying the unique character of the activities. The same elements that contribute to the unique character of these activities can cause loss or damage to equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. You can increase your margin of safety by paying close attention to safety rules and procedures presented during your program. Our leaders maintain high standards of skill and expertise in all aspects of facilitation. We encourage you to develop a questioning attitude and to ask our leaders to explain any action, direction or process which makes you feel unsure or unsafe.

Travel is by vehicle, water craft, horse, skis, snowboards, snowshoes, mountain bikes, on foot and by other means, over improved and unimproved roads, rugged trails and off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, snow and ice, steep slopes, slippery rocks, ocean tides and currents, waves and surf. Travel risks include collision, falling, capsizing, drowning and others usually associated with such travel, including environmental risks.

Environmental risks and hazards include moving, deep and/or cold water; insects, snakes, and predators, and large animals; falling and rolling rocks; lightning, falling timber and forces of nature, including weather which may change to extreme conditions. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Equipment (if applicable):

I assume full financial responsibility for all equipment issued to me and agree to pay for any replacement or repairs necessary to return the equipment to its original condition.

Assumption of Risk and Liability Release:

In consideration of the right to participate in this activity, I release any and all claims for damages and losses suffered by me as a result of said participation against Crook County Parks and Recreation District (CCPRD) and any officers or agents thereof. I further understand that there are certain risks inherent in this (physical) activity and I hereby agree to assume these risks on my behalf and to hold harmless Crook County Parks and Recreation and their agents. I have read and understand the above.

I hereby agree to release, indemnify (to defend, and to pay or reimburse), and hold harmless CCPRD, its owners, officers, agents, and employees, with respect to any and all claims of injury, disability, death or other loss or damage to person or property suffered by me, by a member of my family, a rescuer, co-participant, or any other person, arising in whole or part from my enrollment or participation in an activity of CCPRD, whether arising from the negligence of a released party or otherwise, to the fullest extent permitted by law.

I HAVE READ THE INFORMATION IN THIS DOCUMENT AND UNDERSTAND AND AGREE TO ITS TERMS, INCLUDING THE ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS, AGREEMENT OF RELEASE AND INDEMNITY AND THE ADDITIONAL PROVISIONS.

(Signature)

(Date)

PARTICIPANT INFORMATION

(Please print your name)

(DOB)

(Daytime phone)

(Home phone)

(Address, City, State, Zip)

M / F

Insurance Information

Medical Group _____ Group Number _____

Physician & Phone Number _____

Emergency Contacts 1) _____ 2) _____
(Please print names & phone numbers)



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HEALTH HISTORY

You can help us minimize any real risk you may be assuming by participating in this activity by accurately and honestly filling out your healthy history below. Please note, certain health histories or conditions may require you to alter your participation in order to stay safe.

Please read and respond by circling yes or no and answering the following questions. All information will be kept confidential.

- YES NO Do you or have you ever had a heart condition?
- YES NO Have you experienced a stroke or other injury that continues to impair your balance, coordination, depth perception or muscle control?
- YES NO Do you have diabetes?
- YES NO Do you have asthma? Do you (will you) have your inhaler with you? YES NO
- YES NO Do you or have you ever had a back or neck injury? Explain.

- YES NO Do you currently suffer from any bone, joint, or muscular problem? Explain.

- YES NO Are you unable to stand for extended periods of time? *If so, you should consider bringing a light, folding chair to rest in periodically during the day.*
- YES NO Are you taking any medications, prescriptions or otherwise, that may affect your balance, strength or vision? Please list them and detail their side effects.

- YES NO Are you allergic to bee stings or insect bites?
- YES NO Did you (will you) bring your antihistamine kit with you?
- YES NO Do you have any other allergies you feel staff should know about? If yes, explain.

- YES NO Is there any other medical or physical information that you feel staff should know about? If yes, explain.

CONSENT TO BE PHOTOGRAPHED

I consent to be photographed and/or videotaped during my participation in this activity. I understand that these photos/videos will be used only to promote future involvement in CCPRD activities. These pictures may be used in CCPRD flyers, brochures, activity guides, or website, along with other publications.

___ My photo may be taken and used for publicity or news purposes.