

INDOOR SUMMITS TRIP PROGRAM RELEASE AND HOLD HARMLESS AGREEMENT

Indoor Summits Activity: _____

Dates of Activity: _____

THIS IS A LEGAL DOCUMENT, WHICH INCLUDES A RELEASE OF LIABILITY. READ IT CAREFULLY BEFORE SIGNING.

Please complete all gray boxes

- I understand and accept that the Indoor Summits Activity noted above exposes me to many risks. Some of the risks, which may be present or occur include, but are not limited to:
 - The hazards of traveling in a canoe, or kayak in rough water conditions;
 - Water hazards including boulders, trees, coral, shells, seaweed, and other obstacles, surf, swells, chop, tides, rip currents, tide rips, whirlpools, and other water formations, swimming or floating in unfamiliar and sometimes turbulent water;
 - Using paddles, ropes, and other paddling equipment;
 - Man-made objects in the water including but not limited to other boats, ropes, cables, buoys, bridge or wharf pilings and metal junk;
 - Carrying canoes or sea kayaks and other river equipment;
 - The hazards of traveling in dark, irregular and steep terrain;
 - Cave hazards including loose rocks, slippery and irregular footing, low ceilings, narrow passages, underground streams, crawling or climbing through unfamiliar, steep, and irregular passages;
 - Using carbide lamps, carbide, and other caving equipment;
 - Carrying cave duffels and other caving equipment;
 - The hazards of traveling in steep terrain, including the potential of falling
 - Rock hazards including loose rocks falling from above, climbing or rappelling on unfamiliar, steep, and sometimes unstable rock faces
 - Using harnesses, ropes, carabiners, and other climbing equipment;
 - Man-made objects falling from above including but not limited to ropes, carabiners, other climbing gear, packs, cameras, and personal gear;
 - Carrying ropes and other climbing equipment; hiking or walking in rugged terrain, including slippery rocks and shells
 - Injuries inflicted by animals, insects, reptiles or plants;
 - The forces of nature including lightning, weather changes, hypothermia, hyperthermia, sun burn, tides and tidal currents, high winds, falling trees, and others not named;
 - The physical exertion associated with the outdoor activity;
 - Traveling in a vehicle not driven by me.
 - Traveling in terrain that may be inaccessible to emergency vehicles
- I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept rigorous level of physical activity.

Contraindications for Participation

Physician approval is required for participation for participants with any of these contraindications:

- High Blood Pressure (>145/90)
- Unstable cardiovascular or respiratory condition
- Active back or joint problems (recent or recurring injuries)
- Post-partum (<6 weeks since giving birth)
- Uncontrolled diabetes, epilepsy or seizures

PARTICIPANT AGREEMENTS AND REPRESENTATIONS

3. I am aware that participation in the above program exposes me to many risks of injury. While there have been few accidents involved with these activities, one must be aware that injuries can occur including but not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of participating in the above activities may result not only in serious injury, but in a serious impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I agree to follow the rules and safety procedures established for the activities, and to obey Indoor Summits staff supervising these activities. The entire responsibility for safety is not the leaders. I, too, have a responsibility. For my own safe participation, and that of my fellow participants, I must call to the attention of the leader any situation, which I perceive to be a potential danger to fellow participants or myself. This would include, but should not be limited to: equipment that has broken or is in need of repair, when I am not feeling well or am unduly fatigued, or when I have unusual difficulty in performing a skill.

Signature of Participant

Printed Name

Date

PARENT'S CONSENT

I am the parent or legal guardian of the participant whose signature appears above. I have had the opportunity to discuss the foregoing with my child/ward. He/she understands Items 1- 3 above. I concur in my child's representations and agreements therein, and I consent to his/her participation in the programs(s).

_____ Signature of Parent or Guardian	_____ Printed Name	_____ Date
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4. IN CONSIDERATION OF AND AS PART PAYMENT FOR THE OPPORTUNITY TO PARTICIPATE IN THIS ACTIVITY, I HAVE AND DO HEREBY RELEASE AND WILL HOLD HARMLESS INDOOR SUMMITS INC. AND ALL ITS OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, DEBTS, CLAIMS AND DEMANDS OF EVERY KIND AND NATURE WHATSOEVER, AND SPECIFICALLY INCLUDING ANY CLAIM FOR NEGLIGENCE OR NEGLIGENT ACTS, WHICH I NOW HAVE OR WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY TRIP OR PARTICIPATION IN THIS ACTIVITY. THIS RELEASE SHALL NOT INCLUDE CLAIMS BASED ON THE INTENTIONAL, RECKLESS OR WILLFUL MISCONDUCT OF INDOOR SUMMITS OFFICERS, EMPLOYEES OR AGENTS. THE TERMS HEREOF SHALL SERVE AS A RELEASE, INDEMNIFICATION, AND ASSUMPTION OF RISK FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING ANY MINORS ACCOMPANYING ME.

_____ Signature of Participant or Parent / Guardian	_____ Printed Name	_____ Date
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MEDICAL RELEASE

In the event reasonable attempts to contact (**emergency contact**) _____ at, (**emergency phone number**)(_____) _____ have been unsuccessful, I hereby give my consent for (1) the administration of any treatment of my child/self as deemed necessary by _____ (preferred physician and his/her phone number) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child/self to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

_____ Signature of Participant or Parent / Guardian	_____ Printed Name	_____ Date
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Does you or your child have any health conditions that could effect your his/her participation in this program or that the staff should be aware of? (Recent injuries, allergic to bee stings, on medications, etc.) Yes_ No _ if yes, please explain:

5. Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

Participants Signature _____	Date _____		
Name (Print Clearly) _____	Address _____		
City _____	State _____	Zip code _____	Phone _____
E-mail _____	my date of birth is _____	(month/date/year)	

Photo Release signature
_____ I give permission to be photographed and permission for the photograph to be published by Indoor Summits Inc. for promotional material.

Due 2 days prior to trip—if form is late, you may be dropped from trip

INDOOR SUMMITS MEDICAL HISTORY FORM
Please Print — Fill Out Both Front & Back

Name: _____ Today's Date: _____

Address: _____
First name Middle Initial Last Name City: _____ State: _____ Zip: _____

Telephone: Home (_____) _____ Work (_____) _____

Name of personal physician: _____ Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Health/Accident Insurance Company: _____

Health Insurance Phone: (_____) _____ Policy Number: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Special diet considerations: _____

Medical History

Please describe condition / treatment where possible (use the back if more space is needed)

• Are you currently under treatment for any illness or condition? No _____ Yes _____

• Do you have a condition requiring regular medication? (i.e. diabetes, epilepsy, etc.) No _____ Yes _____

• Are you currently taking medication(s)? You are expected to have it with you during the program.
(Explain what each is for –use back if necessary) No _____ Yes _____

List: _____

• Has your doctor or other medical professional told you to limit your activity in any way? No _____ Yes _____

Describe: _____

• Have you been directed to carry an inhaler or other breathing device? No _____ Yes _____

• Have you ever had or do you currently have any Allergies? No _____ Yes _____

List: _____

• Have you ever had or do you currently have an Allergic reaction to Bee Stings? No _____ Yes _____

Do you carry Epinephrine (e.g. Epi Pen / Ana Kit)? If Yes, What type? _____

You are expected to have you epinephrine with you during the program.

• Could you be pregnant or are you attempting to become pregnant?
If you are pregnant, be aware that climbing harnesses can cause potential problems. No _____ Yes _____

• Do you have any Disabilities (which could impact on your participation in this program?) No _____ Yes _____
Describe: _____

• Have you ever had any injuries including back, spine, broken bones, sprains, dislocations,
soft tissue injury? LIST injury, year of occurrence and current condition: No _____ Yes _____

List: _____

• Have you ever undergone surgery? If yes, please describe: No _____ Yes _____

Describe: _____

• Describe swimming your ability / comfort in water: _____ Date of last tetanus shot: _____

Cardiac Risk Factors

NOTE: Research has demonstrated that adventure activities can raise heart and respiration rates in any participant and those persons with heart and respiratory problem histories can be placed at extreme risk. **Individuals with 3 or more cardiac risk factors may also be at risk.** **Cardiac risk factors include: Age = males >45, Female > 55, tobacco, family history of heart disease, high blood pressure, elevated cholesterol and diabetes. **If you have 3 or more cardiac risk factors, consult your physician and without written approval from your physician or health center you may be asked to limit your participation.**

- Do you exercise less than once a week? No_____ Yes_____
- Do you (or anyone in your genetic family) have any history of Heart Problems?
Describe and indicate whom _____ No_____ Yes_____
- Do you get squeezing or tightness in your chest during exercise?
Describe: _____ No_____ Yes_____
- Do you use tobacco in any form (cigarettes, snuff, etc.)? No_____ Yes_____
- Do you have 3 or more Cardiac Risk Factors? No_____ Yes_____

What other health factors should we know about you before starting this program? _____

The information provided above is a **complete and accurate statement** of the physical and No Yes psychological factors, which may affect my participation on an Indoor Summits program. No_____ Yes_____

I believe that I am in **good health**, and affirm that my participation in this/these Indoor Summits activities will in no way aggravate any present condition. If in doubt, I will **seek and follow medical advice**. No_____ Yes_____

I realize **that failure to disclose information** could result in serious harm to me and other participants. I agree to **hold harmless** Indoor Summits Inc. from any liability, claim or expense resulting, directly or indirectly, from my failure to disclose relevant information. This information will be kept confidential except as needed in an emergency. No_____ Yes_____

I hereby **consent to first aid treatment & evacuation**, and to treatment, anesthesia, and/or operations in a medical facility should that become necessary in the event of a medical emergency while a participant in and relating to indoor Summits activities. In case of treatment, I **consent to the release of medical records** and accident report forms to insurance companies, my employer (if at Indoor Summits as part of a company sponsored program), or agencies deemed appropriate by Indoor Summits. No_____ Yes_____

Participants Signature / Parent or Guardian Signature if Under 18

Date

