

CHALLENGE ADVENTURE PROGRAM RELEASE FORM

I. Acknowledgment of Risk & Authorization for Emergency Medical/Dental Treatment

I hereby acknowledge and agree that adventure activities such as the use of climbing walls and other training facilities have inherent risks.

I have full knowledge of the nature and extent of all the risks associated with adventure activities and the use of facilities and equipment associated with these activities including but not limited to:

1. Blisters, insect stings, sprains, cuts, bruises, dislocations, fractures, arterial bleeding, concussion, spinal cord damage, and even death.
2. Injury resulting from falling off the climbing wall or challenge course and hitting projections, whether permanently or temporarily in place, or on the floor or ground.
3. Rope abrasion, entanglement or other injuries resulting from activities on or near climbing wall or challenge course such as, but not limited to climbing, belaying, rappelling, lowering on the rope, rescue systems, and any other rope techniques.
4. Injuries resulting from falling climbers or dropped items, such as but not limited to, ropes or climbing hardware.
5. Injuries resulting from participation in any activities associated with an adventure program such as, but not limited to, warm up activities, new games, cooperative games, spotting activities, group initiatives, low elements, or high elements.
6. Failure of ropes, slings, harnesses, climbing hardware, anchor points, or any part of the climbing wall or challenge course structure.

I further acknowledge that the above list is not inclusive of all the possible risks associated with the Academy School District 20 (ASD20) Challenge Adventure Program (CAP) and that the above list in no way limits the extent of this release and covenant not to sue. I accept the fact that the program facilitator(s) cannot guarantee my total safety since some risks in adventure activities are beyond their control. I agree to follow all instructions and guidelines given by the facilitators, and to act in a safe and responsible manner toward all participants. I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in the orientation information and as explained to me by the facilitator(s).

By signing below, I authorize the staff of ASD 20 Challenge Adventure Program to secure necessary emergency **medical/dental care for myself/child**. I further authorize the staff to release information necessary for treatment.

I, as parent or guardian of: _____(minor under 18 years of age),

Print Student's Name

hereby consent to the terms and conditions set forth in this Acknowledgment of Risk form and Authorization for Emergency Medical and Dental Treatment.

Parent or Guardian Signature

Address, City, State, Zip

Complete backside of form as well.

Rev. 01/10/13

II. AGREEMENT TO FOLLOW SAFETY POLICIES

I, the undersigned user of ASD20 CAP Facilities, accept full responsibility for my own safety and the safety of other participants while on the premises of the school. I agree to abide by, and to help enforce the following Safety Policies:

1. All climbers must have signed Release Forms on file at the school to gain access to the Climbing Wall, Ropes Course and facilities.
2. Participants are expected to follow all safety rules and directions from the ASD 20 CAP instructor and to participate in all activities.
3. Each new user of the Climbing Wall will demonstrate safe belaying and tie-in technique to an ASD 20 CAP instructor. Only approved users will be allowed in the climbing wall area. New belayers must take a training session and be qualified by a Wall Supervisor before receiving approval for climbing.
4. No unbelayed climbing over 8 feet above the landing zone.
5. Climbing over 8 feet above the landing zone must be roped and belayed through a belay plate or an approved method. Roped climbers and belayers must wear approved harnesses.
6. Climbers will tie the rope directly into their harness' belay loop with a Figure 8 retrace knot or as per ASD 20 CAP policy.
7. Helmets are required for all climbing as specified by the instructor.
8. All belayers must use an appropriate back-up system.
9. Climbers should inspect the facilities and equipment to be used. If anything is unsafe, the Climbers should immediately advise the instructor of such conditions and refuse to participate. All Climbers are asked to assist and encourage less experienced Climbers.
10. All climbers will use proper check systems and verbal commands as instructed.
11. The District reserves the right to deny access to its facilities to any individual permanently or for a specified period of time for breach of contract in following the Safety Policies, or for any conduct that is viewed as unsafe or inappropriate.

In consideration of the use of the District Facilities & Equipment, I acknowledge that I have read and will abide by the Safety Policies as set forth above and given verbally as instructions for use.

Student's Signature _____

Date: _____

II. EMERGENCY INFORMATION: MEDICAL INVENTORY

The following information will be held in confidence. The physical education department is soliciting this information from our students to insure a safe experience for your son or daughter. Please complete all questions:

Allergies: NO YES - List: _____ Current medications: _____

Heart and/or respiratory problems: NO YES: _____ Do you wear contacts? NO YES

List any other medical concerns: _____ Date of Birth: ____-____-____ Age: _____

Insurance Company: _____ Policy # _____

Family Physician: _____ Person to contact in case of emergency: _____

Emergency Phone #s: _____ Phone #: _____

Alternate emergency phone contact: _____ Phone #: _____