

BITTERROOT ECOLOGICAL AWARENESS RESOURCES, INC.
ROPES CHALLENGE COURSE
PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISK
AND RELEASE AGREEMENT

PLEASE READ THIS FORM CAREFULLY, and be aware that by signing up and participating in BEAR's ropes challenge course, you will be waiving and releasing all claims for injuries arising out of these programs that you might sustain. The terms "I", "me" and "my" refer to both adult and youth participants, as well as parents or guardians of youth participants..

I understand that participants and parents share the responsibility for participants' safety, for assessing the risks, and for determining the participant's suitability for the program in which he/she will participate. I have accurately completed any required BEAR medical forms and have reviewed all BEAR program information provided to me. I agree to obey all BEAR rules, regulations, and policies. I have no mental or physical problems or limitations that might affect my ability to participate that have not been disclosed to BEAR in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I will participate.

I understand and acknowledge that the program(s) in which I will participate has risks and it is impossible to anticipate every activity in which I will engage. I understand I will be participating as part of a group in activities of varying physical degree and these endeavors may involve strenuous exertion. These activities may be instructional, educational, or adventurous and may include but are not limited to: ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); physical problem solving activities; rock climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios; yoga, jogging, walking and stair climbing. I understand that I may engage in other activities not listed above. The planned program may be modified for any number of reasons, including convenience, weather, emergencies or unexpected conditions. I have the option to decline to participate in any activity.

I acknowledge that participating in BEAR programming involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. I understand that BEAR cannot assure my safety or eliminate all of these risks. I agree to assume all of the risks of the activities of my participation in the BEAR program.

I also give permission for me or my youth participant to ride with BEAR staff and volunteers to or from program destinations. Drivers must carry auto liability insurance and seatbelts must be worn by passengers at all times. By signing below I agree to fully absolve BEAR and the driver from liability for any damages, injuries, or losses which might be sustained during transport.

Please sign on next page.

SIGNATURE PAGE

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THE PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISK AND RELEASE AGREEMENT. BY SIGNING BELOW I FULLY ABSOLVE BEAR/BITTERROOT ECOLOGICAL AWARENESS RESOURCES, INC. & ALL ITS EMPLOYEES OR VOLUNTEERS FROM ALL LIABILITY FOR ANY DAMAGES, INJURIES, OR LOSSES, WHICH MIGHT BE SUSTAINED WHILE PARTICIPATING IN THIS PROGRAM FOR THE BELOW NAMED PARTICIPANT.

Signature for ADULT participants (age 18 and older)

Print ADULT participant's name here Participant signature Date

Signature for YOUTH participants (age 17 and younger)

Print YOUTH's name here

Print Parent/Guardian's name here Participant signature * Date

*By typing your name in the Signature area(s), you agree to its use as an electronic signature.

BEAR
Ropes Challenge Course
Health Disclosure Form

Our program involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low / high elements, and other rigorous physical adventure activities. Participation in our program and its activities is at all times an individual choice. There are risks, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Our policy requires that every participant provide certain health/medical information to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation.

The following information will be held in confidence. Please complete the form and return it to the facilitator/instructor prior to participating in any activities.

Today's Date: _____

PARTICIPANT INFORMATION:

Name: _____

If under 18 years old, parent or guardian's
Name: _____

Date of Birth: ____/____/____

Phone: _____

Sex: Male Female

Emergency Contact Name: _____ Phone: _____

Do you have any health/accident insurance? ___no ___yes

If yes, name and address of company:

MEDICAL INFORMATION:

NOTE: In the interest of trying to provide a successful experience for all participants we ask that you take the time to answer the following questions. This information will be kept in confidence by Bitterroot Ecological Awareness Resources, Inc. and only shared with your permission.

Do you have any limiting physical or health disabilities OR current injuries (temporary or permanent)?
___no ___yes

If yes, identify and explain:

Do you currently take medication (prescribed or otherwise, e.g. cold medicine)? no yes
If yes, what are you taking, and what condition is it for:

Do you have any allergies, reactions to medications, or any other medical limitations? no yes
If yes, identify and explain:

Do you have any of the following symptoms/conditions? Circle yes or no and describe below.

- A. Do you have any history of heart disease, or heart attack?
Yes / No

- B. Do you have high blood pressure or any history of high blood pressure?
Yes / No

- C. Do you have any chest pains/pressure heart palpitations or heart murmurs?
Yes / No

- D. Have you ever had a stroke?
Yes / No

- E. Do you have diabetes?
Yes / No

If you circled "yes" to any of the above questions (letters A-E), identify the condition and describe below:

Concern: _____

Detailed Description: _____

Concern: _____

Detailed Description: _____

Concern: _____

Detailed Description: _____

Any other concerns/issues not mentioned above:

BEAR
Ropes Challenge Course
Photograph Release and Permission Form

The terms “I”, “me” and “my” also refer to both adult and youth participants, as well as parents or guardians of youth participants, in BEAR’s ropes challenge course. I do hereby release to BEAR and the Dennis and Phyllis Washington Foundation, their associates, licensees, and legal representatives the right to use my picture, portrait or photograph in all forms and media and in all manners, for any and all purposes, including but not limited to advertising in all forms and display or placement on BEAR’s and/or the Dennis and Phyllis Washington Foundation’s photo albums, bulletin boards, flyers, posters, brochures, newspaper advertisements, and websites. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also realize that neither myself, my or any other individual related to or not, will receive any financial gains in exchange for these posted and/or printed materials.

I further understand and agree that this is a legal and binding document and by affixing my signature hereto acknowledge that I have read and approve the foregoing and waive any rights as articulated above.

Signature for ADULT participants (age 18 and older)

Print ADULT participant’s name here	Participant signature	Date
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Signature for YOUTH participants (age 17 and younger)

Print YOUTH’s name here

Print Parent/Guardian’s name here	Participant signature *	Date
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*By typing your name in the Signature area(s), you agree to its use as an electronic signature.