

OFFICE OF YOUTH ALTERNATIVES
CITY OF CHEYENNE
ASSUMPTION OF RISK AND WAIVER OF LIABILITY
Please Read Before Signing

I, _____, the undersigned, freely and voluntarily choose to participate in the Challenge Course Workshop (henceforth referred to as the Workshop), to be organized and conducted by the City of Cheyenne Office of Youth Alternatives, and in consideration of my participation in the Workshop, I agree as follows:

Assumption of Risk:

I understand and acknowledge that by participating in the Workshop, I will be engaged in the performance of physical exertions, tasks, and maneuvers that are typically associated with a "ropes course" including, without limitation, warm-ups, group problem solving, and walking, standing, climbing or balancing on ropes, ladders, platforms, devices and other equipment. I understand and acknowledge that some of the physical activities, exertions, tasks and maneuvers associated with the Workshop may require physical exertion, strength, flexibility or balance and that these activities present inherent risks that may cause or result in: injury to my body, paralysis, or death; damage or injury to my brain; loss of my ability to engage in activities of daily living; loss of or impairment of my ability to earn a living; loss of or damage to my personal property or the property of others; and other forms of physical or mental damage or injury.

I understand and acknowledge these inherent risks and dangers, include, but are not limited to, the hazards of physical activity and physical exertion in unusual or demanding conditions and at high altitude.

Health and Safety:

I have been advised to consult with a licensed physician with regard to my personal medical condition and limitations and my ability to participate in the Workshop. I understand and agree that my level of participation in the Workshop is entirely of my own choosing and that I have the right to refuse to participate in any physical exertion, task, or maneuver that may be presented in the Workshop. I understand the inherent risks involved with participation of the Workshop, and I do hereby state and represent to the City of Cheyenne that there are no health-related reasons or issues that may preclude or restrict my participation in the Workshop, and that I am sufficiently healthy (physically, mentally and emotionally) to participate in the Workshop. I understand that it is my responsibility and not the responsibility of City of Cheyenne or the Office of Youth Alternatives to determine whether there is any physical, mental or emotional reason or issue that would prevent me from safely participating in the Workshop.

General Release, Waiver of Liability; Indemnification:

I am aware of the inherent risks of injury to myself and I do hereby expressly agree, covenant, and promise to accept and assume all responsibility for and risk of injury, accident, economic loss, death, paralysis, illness, disease, other physical or mental damage or injury to myself or others, and damage to my property or the property of others.

I, my parents, and my legal guardians, and all other persons or entities that may possess or acquire any claim, demand, or cause of action in connection with my participation in the Workshop ("Releasors") do hereby agree to indemnify and covenant not to sue the City of Cheyenne, the Office of Youth Alternatives or their principals, employees, officials, officers, directors, agents, volunteers, or sponsors ("Releasees") and Releasors further release and forever discharge Releasees from any and all liability, claims, demands, and causes of action, whatsoever arising out of or related to any loss, accident, economic loss, death, illness or disease, or physical or mental damage that may be sustained by me or third parties, or arising out of or related to any damage to property belonging to me or third parties.

Signature:

By signing this Assumption of Risk and Waiver of Liability, I do hereby represent that I have read and understand the terms and conditions of this document and I agree to be bound by its terms and conditions. I do further acknowledge and agree that I have been given the opportunity to consult with legal counsel prior to signing this document. I agree to refrain from any behavior that may be considered, in the opinion of the City of Cheyenne or the Office of Youth Alternatives, to be disruptive or that may pose unreasonable risks of injury to myself or others and I will obey all directions and instructions to promote the safety and comfort of myself and others.

I acknowledge that no representations, statements or inducements, oral or written, which vary the terms and conditions of this Assumption of Risk and Wavier of Liability have been made by the City of Cheyenne or the Office of Youth Alternatives.

This Assumption of Risk and Waiver of Liability shall be governed by the laws of the State of Wyoming which shall be the forum for any claims, demands, actions or cause of action, or lawsuits filed under or incident to this Assumption of Risk and Waiver of Liability.

Name of Participant _____
Date

Signature of Participant _____
Date

Signature of Parent/Legal Guardian _____
(if participant is under 18 years of age) Date

REPRESENTATION AND EMERGENCY AUTHORIZATION

The attached health history is correct as far as I know, and I believe that my health is satisfactory to participate in challenge course activities.

I hereby authorize the City of Cheyenne or the Office of Youth Alternatives to call for medical assistance and to respond to any medical emergency that may arise during or as a result of my participation in the Workshop. Should the medical personnel deem necessary, I hereby consent to medical examination, diagnosis and treatment, including the administration of anesthesia and the performance of surgery. I agree to be responsible for the costs and expenses of any such medical examination, diagnosis or treatment and I release the City of Cheyenne and the Office of Youth Alternatives from liability for such costs and expenses.

Signature of Participant (or Parent/Legal Guardian if under 18) _____
Date

Witness _____
Date

HEALTH STATEMENT

The proposed activity provided by City of Cheyenne/Office of Youth Alternatives requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name: _____

Date of Birth: _____

Address: _____

Gender: _____

City, St, Zip: _____

Age: _____

Work Ph: _____ Home Ph: _____

SSN: _____

Name of Physician/Clinic: _____

Date of Last Exam: _____

In an Emergency, notify: _____

Address: _____

Work Ph.: _____

City, St, Zip: _____

Home Ph.: _____

HEALTH HISTORY: (Circle the appropriate answer and describe any YES answers.)

1. Do you have heart problems? Yes No _____

Note: If you have had heart related problems, you will need a release from a physician to do high elements training.

2. Do you suffer from pains in your chest? Yes No _____

3. Do you often feel faint or dizzy? Yes No _____

4. Do you have high blood pressure? Yes No _____

5. Do you smoke? Yes No _____

6. Do you have arthritis or joint pain? Yes No _____

7. Do you have back problems that worsen with exercise? Yes No _____

7. Have you had any operations or serious injuries? Yes No _____

8. Do you have a disability or chronic illness? Yes No _____

9. Do you have asthma or other respiratory problems? Yes No _____

10. Has your physician limited your activities? Yes No _____

11. Do you have any allergies? Yes No _____

12. Do you have epilepsy or seizures? Yes No _____

13. Do you have diabetes? Yes No _____

14. Are you pregnant? Yes No _____

15. Do you have dietary restrictions or requirements? Yes No _____

16. Are you currently taking any medications? Yes No _____

17. Do you have medical insurance? Yes No _____

Carrier: _____ Policy Number: _____

Other health information:

The Ropes Course is located at **1320 Talbot Court**.

SUGGESTIONS FOR COURSE USE

1. Check the weather the day of your event.
2. Wear appropriate clothing. We strongly recommend the following:
 - A hat and/or sunglasses
 - Sturdy shoes (Not sandals or slick soled shoes)
 - Long pants
 - Comfortable, loose fitting shirt
 - Sweatshirt or jacket depending on weather
 - DO NOT wear baggy or ill-fitting clothing as this will cause discomfort.
 - DO dress in layers so you can put on or take off clothing as the weather changes.
3. Sunscreen
4. Plenty of Water
5. Snacks/Energy Bars. Check with your group leader to determine if you need to bring a lunch.
6. Parking is limited. Please park across the street in the large public lot.