

**CITY OF POCATELLO – COMMUNITY RECREATION CENTER
INDOOR CLIMBING FACILITY, OUTDOOR CLIMBING PROGRAMS and CHALLENGE COURSE
RELEASE & ASSUMPTION OF RISK AGREEMENT**

I am aware and understand that outdoor and indoor climbing and/or the Challenge Course are potentially dangerous activities with the potential for death, serious injury, and property loss. These risks, include but are not limited to, hazards of injury to my person or property while engaged in climbing or challenge course activity. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN OUTDOOR CLIMBING, ON THE COMMUNITY RECREATION CENTER'S INDOOR CLIMBING FACILITY and/or the CHALLENGE COURSE. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person. I am aware and understand the risks of personal injury, accidents, and/or illness, include, but are not limited to sprains, strains, torn muscles, and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, and/or oxygen shortage; head, neck, and spinal injuries; shock; paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being.

I give permission for the City of Pocatello personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the City of Pocatello does NOT provide any medical insurance coverage for me while participating in OUTDOOR CLIMBING PROGRAMS, THE COMMUNITY RECREATION CENTER'S INDOOR CLIMBING FACILITY OR CHALLENGE COURSE. I also realize that I may be attended by City of Pocatello personnel assigned to my activity until medical care is available.

I, do hereby for myself, my heirs, executors, administrators, successors, and assigns, release, acquit, and forever discharge the City of Pocatello, its employees, elected officials, and insurers from any and every claim, demand, right, or cause of action, property damage, personal injury, costs, loss of service, expenses of any kind, and any compensation whatsoever, which I may ever assert by reason of my or my child's presence and/or participation in OUTDOOR CLIMBING PROGRAMS, THE COMMUNITY RECREATION CENTER'S INDOOR CLIMBING FACILITY AND/OR CHALLENGE COURSE, including any claims which might arise from natural, environmental, or weather conditions, and from the nature or condition or manufacture of any structures or appurtenances on the premises, and further including any and all claims which might arise from any use of any equipment which might be attached to or near any structures or appurtenances on the premises, or used in conjunction with the OUTDOOR RECREATION PROGRAM instruction, and all claims which might arise out of the acts or omissions of other persons on the premises, whether directly connected with OUTDOOR CLIMBING AREAS, THE COMMUNITY RECREATION CENTER'S INDOOR CLIMBING FACILITY AND/OR CHALLENGE COURSE or not. I hereby authorize the City of Pocatello to use my likeness or picture, or that of my child, in any photograph or advertising for promotion of the Parks and Recreation Programs. I hereby acknowledge that this release is voluntarily given with full knowledge of the meaning and consequences of this release.

I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

NAME OF PARTICIPANT: _____

*Signature: _____

*Parent or Legal Guardian if under 18 years of age.

*Printed Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

**CITY OF POCA TELLO
COMMUNITY RECREATION CENTER'S
CHALLENGE COURSE and INDOOR CLIMBING FACILITY
OUTDOOR CLIMBING PROGRAMS**

MEDICAL RELEASE

NAME OF PARTICIPANT: _____

Address _____ State: _____ Zip: _____

Date of Birth: _____

I DO _____ DO NOT _____ have any physical problems, acute or chronic, which instructors should be aware of while I am participating on the Challenge Course. PROBLEMS: (list)

I consent to willingly participate in the Challenge Course, Indoor Climbing Wall, and/or Outdoor Climbing Programs. I understand this program involves a variety of activities including but not limited to warm ups, group initiative problems, high and low challenge course elements, which are rigorous physical adventure activities.

In particular this type of rigorous activity can result in a highly elevated heart rate. I also acknowledge that I have been informed that due to the stresses both emotional and physical which cause this highly elevated heart rate, there have been documented fatalities on other ropes courses as a result of cardiac arrest.

I fully understand that there is risk involved in my participation in this activity. I hereby agree that the City of Pocatello and the Parks and Recreation Program will not be held liable for any injury, accident, or heart condition resulting from my willing participation in the Challenge Course, Indoor Climbing Wall, and/or Outdoor Climbing activity.

*****It is recommended that you obtain a thorough physical examination, which includes a symptom limited maximum exercise stress test, if you meet two or more of the following preconditions before you participate on the Ropes Course.**

Please check the following preconditions that apply to you.

Family history of heart diseases

Smoker

Obesity

Diabetes

Sedentary lifestyle

Hypertension

SIGNATURE: * _____ DATE: _____

*LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE.

**PLEASE SIGN BOTH SIDES.
READ BOTH SIDES CAREFULLY - THIS IS A LEGAL DOCUMENT.**

7/02