

# Form # 7



## Release Form

### PARTICIPANT AGREEMENT & ASSUMPTION OF RISKS AND VOLUNTARY RELEASE AND INDEMNITY

Participant's Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ If minor, Age: \_\_\_\_

**For and in consideration of my being allowed to participate in this program, I agree as follows:**

#### ASSUMPTION OF RISKS

Programs & activities at High Plains Retreat Center involve a variety of activities including warm ups, discussion/debriefing, games, group initiatives (physically and cognitive), zip line and 2-person giant swing elements and other potentially rigorous physical/emotional activities. The inherent risks and other risks of this program may include falls, heat stroke, hypothermia, anxiety and other fear responses, elevated heart rates, collisions with objects or other people, unsafe acts by other participants, acts of nature related to being in outdoor venues, and other risks that may or may not be noted by participants and staff. Safety is an important priority in the facilitation and management of all levels of programming, however, even with the adherence to recognized risk management practices in adventure programming, accidents do occur. Participation in all of these activities and elements may result in injury, fatigue, psychological stress, or even death, not totally unlike other physically and emotionally demanding activities of various natures. The level of participation in our program is entirely voluntary and under individual choice at all times and for ALL aspects of the program or training. As with any program of this nature, there is a risk that must be assumed by each participant in the event that she/he may experience any emotional or physical injury or death. I recognize that there is a significant element of risk in any adventure sport or activity associated with the outdoors. Knowing the risks, dangers, and rigors involved in the activities, I represent that I/my child exhibit(s) good health required for participating in the activities.

#### VOLUNTARY RELEASE OF LIABILITY AND INDEMNITY

By signing this release form, I agree to release and hold harmless, High Plains Retreat Center or HPRC. its agents, assistants, employees, and, officers, and directors (the "release parties") for any damage or injuries, physical or mental, including those caused in whole or in part by the negligence of any released party, which I might incur as a result of my voluntary decision to participate in HPRC programs or activities.

**Participant Agreement including Assumption of Risks and Voluntary Release & Indemnity** I further agree to indemnify the release parties and each of them from any claim brought by a third party, including a co-participant, for any injury or loss suffered by that person caused in whole or part by my conduct. This release is binding on my heirs and estate. I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form, and by signing in the space provided, do acknowledge that I have read completely and fully understand all aspects of this release from and agree to its terms in their entirety. I have been informed of the full nature of this program and its inherent risks and fully understand the nature of the program.

[ ] I certify approval and represent that I/my child can participate in the physical requirements of challenge and recreational activities which involve potential injury and assume such risks. Knowing the risks, dangers, and rigors involved in the activities, I represent that I/my child exhibit(s) good health required for participating in the activities. I understand that participation in this program is by choice and that I/my child may exercise the option to NOT participate in any aspect of these programs. I grant permission for Retreat Center personnel or event leadership to authorize any emergency medical care, operations and/or anesthesia which might become necessary.

\_\_\_\_\_  
Participant Signature or Signature of Parent/Guardian if under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Work Phone

#### PHOTO AND MEDIA RELEASE

I grant High Plains Retreat Center and persons acting for or through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of myself for use in marketing or educational materials they may create.

If you wish not to grant the photo/media release, please attach a separate piece of paper stating the name of the individual or individuals declining.