



Queensbury
PARKS & RECREATION

742 Bay Road, Queensbury NY 12804-9725 | T: (518) 761-8216 | F: (518) 798-3194 | <http://recreation.queensbury.net>

**PARTICIPANT INFORMATION/MEDICAL
AUTHORIZATION/HOLD HARMLESS WAIVER**

Program Name: **HIGH ADVENTURE CAMP #2**

Participant's Name: _____ Gender: _____

Date of Birth: _____ Age: _____ Current Grade (2017-2018): _____

Home Phone: _____ Parent/Legal Guardian: _____

Parent/Guardian Work Phone/Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

E-mail: _____

Physician's Name: _____ Physician's Phone: _____

Person to contact in an emergency: _____ Relationship: _____

Emergency Contact Phone: _____

Can your child swim and/or does he/she have concerns regarding exposure to the water (please explain)? _____

Special medical conditions (allergies, medications, special needs or disabilities, etc.): _____

NOTE: Please provide the department with allergy information; especially, to bee stings, since this is an outdoor program, and provide your child with an Epi-pen (to be SELF-ADMINISTERED-department personnel is not authorized to administer), if this is appropriate for your child's care.

AUTHORIZATION FOR MEDICAL TREATMENT

I authorize minor medical treatment, such as: ice packs, band-aids, etc. Yes _____ No _____ *(please check one)*
In the event that emergency medical or dental treatment is needed, I permit and authorize the Town of Queensbury Parks and Recreation Department representative/vendor and/or Program Supervisor to seek and provide such treatment in my absence.

Signature of Parent or Legal Guardian

Date

By providing my signature below, I have carefully reviewed the health information above and attest to its accuracy and consent to my child's participation in the aforementioned program.

HOLD HARMLESS AGREEMENT

The undersigned hereby agrees to indemnify, save harmless, and waives liability of the Town of Queensbury, the Town Board, the Parks and Recreation Department, employees and volunteers thereof, for any responsibility should an accident or injury occur to the undersigned participant as a result of participation in any program sponsored by the Queensbury Parks and Recreation Department or while using recreation program facilities.

Signature of Parent/Legal Guardian or Participant (if age 18 and over)

Date

RockSport Release Form

In consideration of my being permitted by **RockSport, Inc.**, to climb at its facilities, I agree to the following waiver and release and I make the following representations.

I acknowledge the inherent extreme risks in rock climbing activities including those that take place indoors. I realize those risks include falls, equipment failure, bad decision making, inattentive belayers, and holds that have come loose or damaged by other climbers. I understand that there are unforeseeable freakish accidents and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to pay attention to the state of the ropes in the gym and that of the anchors and to advise gym staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if the gym staff makes a specific request or instruction to me I agree to comply.

Initial

I am physically fit and know of no medical or health reason whereby I should not participate in the activities that take place at **RockSport**.

Initial

I agree to assume all risk of personal injury, including paralysis and death, that may occur while I am at the gym or while I am climbing anywhere, at anytime. I hereby release **RockSport, Inc.**, its owners, officers, employees, wall builders, wall designers, hold manufacturers, lessors, insurers, and agents from all liability for any such personal injury that may occur. This release extends to injuries that may occur through the **negligence** of gym employees or other parties released.

Initial

I understand that indoor climbing is not the same as outdoor climbing, and that additional skills are necessary for outdoor climbing that cannot be acquired in the gym. I agree to seek qualified instruction before attempting to climb outdoors

Initial

This release applies to and binds my personal representatives, heirs, and my family. If a member of my family is under the age of 18 accompanies me to the gym, I make this release and these representations on his or her behalf as well as my own, and I agree to assume responsibility for his or her safety.

Initial

This is a binding legal contract.

Initial

I understand that this release is a contract. I sign it of my own free will. I also understand that this contract is severable; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it will survive.

Initial

Signature of climber _____

Birthdate of climber _____

Date _____

Home Phone _____

Print Name _____

Emergency Phone _____

Print address _____

Parents and Guardians take note!

If I am a parent or guardian of a minor climbing at the gym, whether or not I am a member myself, or am present when the minor is climbing, I agree to indemnify and hold harmless RockSport, Inc., and the other parties released, in the event of a minor member of my family sues any one of them. I understand that this means I will pay all fees, costs, and charges incurred by them, or any party released, including attorney fees.

Signature of Parent if Climber is under 18 _____

Birthday Party Hosts Take Note!

If I am an adult who is in charge of a group of minors and is taking them to the gym, I agree to have a release like this one signed by a parent of each minor in the group. I understand that if I fail to do so, the gym can refuse to let that minor climb, or at its option, agree to let the minor climb, but that it does so only because I hereby agree to assume full responsibility for the safety of that minor child, and to indemnify and hold harmless RockSport, Inc., and other parties released, if that child is injured and an action is brought on account of those injuries.

Signature of Party Host _____

FOR OFFICE USE ONLY

Raft IK # In Party _____ Paid \$ _____

Date _____ Time _____ Tube SOT Other _____ Group _____



PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Participant Name _____

Address _____

City, State, Zip _____

(Please list any medical conditions or allergies that we should be aware of) : _____

In consideration of being allowed to participate in any way in this program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE SACANDAGA OUTDOOR CENTER / J.R.D. LTD., its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I permit the use of any photos, slides, films or sketches of me taken during the day's activities for publicity, advertising, promotion or other commercial purpose.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature
Age
Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature
Date
Emergency Phone Number(s)

INFORMED CONSENT: CHALLENGE COURSE

| Risks | Prevention | Treatment |
|--|--|---|
| Strains, sprains, dislocations or broken bones | Climb within abilities | Administer proper first aid, inform staff of injury for assistance |
| Blisters, hot spots, soreness | Wear properly fitted footwear, clothes and equipment | Inform staff of the discomfort assistance |
| Frostnip, frostbite, hypothermia | Wear proper clothing (gloves, wool socks, etc.). Eat and drink proper amounts | Get to a warm area and warm affected body parts slowly |
| Sore muscles | Climb slower, carry less weight, take more breaks | Inform staff of the discomfort for assistance |
| Dehydration | Drink plenty of water (a liter every couple of hours) | Rest and slowly drink plenty of water |
| Scrapes and cuts | Climb within abilities. Wear proper clothing | Inform staff of any injuries |
| Heat exhaustion or heat stroke | Wear proper clothing. Rest if you become too hot. Drink plenty of fluids. | Rest in shaded area, drink plenty of fluids. If signs of heat stroke are evident, seek medical attention. |
| Getting hit by falling object | Be alert. Wear a helmet. | Inform staff of injury for assistance |
| Hair, clothing or jewelry getting caught in pulleys or other parts of challenge course | Tie back long hair. Remove rings, dangling earrings, watches, etc., and wear proper clothing (i.e. avoid loose sleeves). | If caught, remain calm and ask staff for assistance. |
| Death or serious injury | Wear proper safety gear. Check to see if carabiners are secure. Make sure belayer is ready BEFORE you climb. | Inform staff of any injuries |

I have read and understand the risks listed above and have received a safety briefing on risks associated with this activity and how to avoid them. I agree to take an active part to protect myself and my fellow participants during this activity. I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to myself or others. I will be on time for all scheduled meetings and events.

Furthermore, I agree to respect the rights and feelings other participants and staff and to act in a supportive and caring manner during my participation in this event. I will take care of myself by letting others know what I need. I will try everything that I am asked to do by staff. I understand I have the right not to participate if I don't feel physically or emotionally safe. I will follow all safety guidelines given by staff. I will not use equipment without proper supervision.

I understand that I should do nothing that may harm the environment or destroy its natural beauty, so that anyone who follows me may enjoy what nature provides. I will carry my trash out to a suitable trash container.

I agree not to bring a radio/cell phone, beeper on a trip unless I have written permission from the trip leader.

I have read and understand the alcohol/drug use policy defined in the Student Handbook and agree to abide by them.

I have read all of this **informed consent** and understand that I may be dismissed from participation for refusing to abide by its contents.

Participant Initials: _____

Parent/Guardian Initials (if Participant under 18): _____

ASSUMPTION OF RISK AND INSURANCE CERTIFICATION

Many recreational activities and outdoor adventure programs involve substantial risks of bodily injury or death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training for, participation in, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that SUNY Adirondack does not warrant or guarantee in any respect the safety or health of any individual participant in any outdoor program or recreational activity.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary outdoor programs or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs.

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

The undersigned hereby acknowledges that participation in outdoor adventure programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of SUNY Adirondack (the "Institution") allowing the undersigned to participate in voluntary recreational programs or outdoor activities in connection there with, and making available to the undersigned for his or her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge SUNY Adirondack and the Board of Regents of the State University of New York, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such outdoor programs and recreational activities.

I further covenant and agree that for the sole consideration stated above I will not sue SUNY Adirondack, the Board of Regents of the State University of New York, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or outdoor activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Regents of the State University of New York or any member, officer, agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver of Liability, and Covenant Not to Sue shall remain in effect for as long as I am a participant in outdoor adventure programs or recreational activities offered by the Institution. Further, I understand that, if I am an employee or student at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment or employment at the Institution.

I certify that I am 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this notice.

Print Name: _____ **Date of Birth:** _____

Participant Signature: _____ **Date:** _____

Signature of parent/guardian (if Participant is under 18): _____