

High Risk Activity Assumption of Risk Form



Please Print:

Name: _____ D.O.B. _____

Address: _____ Town/Province: _____ Postal Code: _____

Telephone Number: _____

Emergency Contact: _____ Relation: _____ Emergency #: _____

In consideration of the permission granted by the Township of King – Community Services Department to use any activity of high risk (Climbing Tower, High Ropes Course, Low Ropes Course, Team Challenge Pod, and Mountain Biking), I acknowledge and agree to the following:

I acknowledge that any activity of high risk (challenge courses, mountain biking, climbing tower, and low ropes) involves risk of physical injury. I am aware that some of the risks are as follows, but not limited to:

- a. Injury resulting from falling off or from the climbing wall and/or challenge course activities, low ropes elements, mountain bikes or trails
- b. Rope abrasions, entanglement and bodily injuries resulting from activities on or near the climbing wall and challenge course, belaying or lowering on ropes, rescue situations or any other rope techniques;
- c. Injuries resulting from other participants partaking in above activities or falling equipment;
- d. Cuts and abrasions resulting from skin and body contact on the wall surface, mountain bike or mountain bike parts, low rope elements or any other surface;
- e. Failure or misuse of ropes, harnesses, anchor devices, climbing holds, low ropes, cables or wooden beams, mountain bikes, and all other equipment that may be used.

I warrant that I am fit to participate in the rigorous exercises of these high risk activities. If I become unable to participate, I will remove myself, or allow myself to be removed by an instructor if I am no longer deemed fit to participate by an instructor. Our Ropes course and rock wall are challenge by choice opportunity which are voluntary in nature. I agree to the following requirements when I use Cold Creek Challenge Course or participate in any other high risk activity:

- a. I shall obey all requirements given by the certified Climbing instructors, or other person in authority, and will discuss with that person any issues that I may have with respect to use of the challenge course or other activities.
- b. I will not participate in use of the challenge course, or other high risk activity or any of its related facilities under the influence of alcohol or any other chemical substance.
- c. I will not participate in use of the challenge course or any other high risk activities if I currently have any of the following preexisting condition: Pregnancy, Transplant recipient, Atlantoxial Instability, Abdominal Organ Enlargement, Active Orthopaedic Problem, Cardiac Disease, or any condition that a physician has determined creates a significant limitation for physical activity. Unless a medical note has been provided by their attending physician.
- d. In the event that my use of the equipment or facilities creates any undue risk or danger to me, or if I believe that risk of injury is likely to other participants, I shall forthwith advise to the instructor or other person in authority when I become aware of the risk.
- e. I understand and agree that the members and staff of Township of King Parks, Recreation and Culture reserve the right at his/her discretion to deny me the right to use or continue to use any facilities if I breach its rules and regulations.

I hereby hold harmless and indemnify the Township of King from any and all liability for any damage to property of or personal injury to any third party, resulting from my use of or presence on the facilities.

I understand and assume all dangers and risks associated with this course and waive all claims against Township of King staff and assigns, its officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns, for any incidents that should occur due to my voluntary participation in this experience. Furthermore, I give my consent to the instructors or other medical personnel to treat me in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Participant's Signature _____ Date _____

Parent's Signature _____ Date _____

(If participant is under 18)