



PLEASE MAKE A COPY OF THIS FORM, AND HAVE EACH PERSON ENROLLED IN THE FOLLOWING ACTIVITIES READ AND SIGN THIS WAIVER.

Please bring your group's signed waivers to check-in or to your first scheduled activity.

The following activities require a signed waiver:

- Climbing Wall
- Dog Sledding
- High Ropes Challenge Course
- Sledding, tubing, ice skating
- Zip Line/Low Ropes Course

If you have questions, please contact: Mary Ann Degginger, Program Director, mdegginger@ymcarockies.org

CONTACT INFORMATION

Telephone

970-887-2152 x4135

E-mail

Mary Ann Degginger,
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Tim Anderson,
Outdoor Education Coordinator
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PLEASE READ BEFORE SIGNING

There are risks involved in this activity and/or these activities. Your child need not participate. It is your child's choice whether your child participates in these activities and to what level. Our philosophy is "Challenge By Choice," which means your child selects the degree of challenge (if any) to which your child will be exposed. However, in order for your child to participate at any level in these activities you must sign this document, and your signature forever waives your right (and your child's right) to sue the YMCA of the Rockies (and its directors, staff, employees and other contracted parties) for any injury your child may suffer arising out of their participation in this activity or these activities.

ACKNOWLEDGEMENT OF RISK

I acknowledge that there are risks and hazards in any of the activities in which my minor child has chosen to participate. These risks include, but are not limited to: physical injury, trauma, emotional injury, death, and property damage. These hazards include but are not limited to: Falling from a height of up to 50 feet (climbing wall and high challenge course only); equipment failure; interference from other activities in the vicinity; high altitude (above 8,000 feet); and rigorous physical activity and exhaustion. Risks for Tubing include but are not limited to: falling out of the tube; traveling at various rates of speed; collisions with other tubes, tubers, or spectators; collisions with man-made objects such as fencing, collisions with natural objects, collisions with associated equipment, variations in terrain and steepness of terrain, varying surface conditions, slippery walking surfaces, and the use of the tubing lifts.

The activity or activities in which my minor child has chosen to participate may include physical challenges, which, if aggravated by high altitude conditions, may place unusual demands on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

PROTECTIVE HEADGEAR

I acknowledge that protective headgear (helmets) are available and it is my choice that my child wear that headgear while tubing. (INITIALS REQUIRED)

CERTIFICATION OF FITNESS

I certify that my minor child is completely healthy (both physically and emotionally) and capable of participating in the activity or activities. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that my minor child should not participate in the selected activity.**

WAIVER OF LIABILITY

In order that my minor child may participate in the activity or activities listed above, I forever waive my right (and my child's right) to sue YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any injury my minor child may suffer arising out of my minor child's participation in these activities. I understand that by signing this document all liability of the YMCA (including its directors, staff, employees, and other contracted parties) to myself and my minor child for any injuries my minor child may suffer arising out of my minor child's participation in the activity or activities listed above will be forever extinguished.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

Group Name:

Name of Participant (please print): Age:

Address:

City: State: Zip:

Phone (Home): Phone (Work):

IN THE CASE OF EMERGENCY PLEASE CONTACT:

Name: Phone:

Signature of Parent or Guardian: Date:

QUESTIONS? Please contact the Program Director at 970-887-2152 x4130.