



Enriching lives through Adventure!

2105 Bryn Mawr Ave
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Phone: 1-888-413-5150
Fax: 1-888-595-3436
www.AdventureRec4Life.com
info@adventurerec4life.com



PARTICIPANT AGREEMENT, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

In consideration of the services provided by ADVENTURE RECREATION INTERNATIONAL, LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as ADVENTURE RECREATION INTERNATIONAL LLC), I hereby agree to release, indemnify, and discharge ADVENTURE RECREATION INTERNATIONAL LLC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that rock climbing, ice climbing, hiking, backpacking, kayaking, and other activities offered by ADVENTURE RECREATION INTERNATIONAL LLC, include known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things, the hazards of walking on uneven terrain, slips, falls, being struck by rock fall, icefall, or other objects dislodged or thrown from above; the use and potential or actual failure of climbing ropes and equipment; the forces of nature, including lightning and rapid weather changes; the risk of falling off the rock; the risk of exposure to insect and animal bites & attacks; the risk drowning in rivers, lakes and streams; the risk of cold injuries, including hypothermia or heat injuries, including hyperthermia; my own physical condition, and the physical exertion associated with outdoor adventure activities.

Furthermore, ADVENTURE RECREATION INTERNATIONAL LLC, employees have a difficult job to perform. Their main concern is safety but it is the participant's responsibility to inform the staff of a change in fitness or ability.

2. I knowingly and freely assume all such risk, known and unknown, associated with the activities provided by ADVENTURE RECREATION INTERNATIONAL LLC, even if arising from the negligence of the Releasees or others responsible for my participation.
3. I willingly agree to comply with the stated terms and conditions of participation in any activities and services provided.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless ADVENTURE RECREATION INTERNATIONAL, LLC, from any and all claims, demands, causes of action, which are in any way connected with my participation and services provided or my use of ADVENTURE RECREATION INTERNATIONAL LLC's equipment, including any such claims which allege negligent acts or omissions of ADVENTURE RECREATION INTERNATIONAL LLC.
5. I understand and consent to ADVENTURE RECREATION INTERNATIONAL LLC retains the right to use, for publicity and advertising purposes photographs taken of me while participating in their activities/ services without any expectation of compensation for the use thereof.

By signing this Participant Agreement, Assumption of Risk and Release of Liability document, I acknowledge that I have read it completely, fully understand it, agree to be bound by its terms and sign it freely and voluntarily without any inducement.

Signature of Participant

Print Name

Date

Parent/ Guardian's Additional Indemnification (Must be completed for participants under the age of 18)

This is to certify that I, as a parent/ guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee from any and all liability incidents to my minor child's involvement or participation in these programs as provide above, even if arising from the negligence of the Releasee, to the fullest extent permitted by law.

Parent/ Guardian's Signature

Print Name



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MEDICAL RELEASE AND HEALTH HISTORY ~ PAGE 1

Name of Participant _____ Date _____

Emergency Contact (For Teen Adventures provide contact other than parent on application form)

Name _____ Relationship _____

Home Address _____ City _____ St _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

ALL PARTICIPANTS ARE REQUIRED TO PROVIDE MEDICAL INSURANCE INFORMATION AND ARE RESPONSIBLE FOR ANY POSSIBLE MEDICAL EXPENSES

Medical Insurance Company _____ Policy # _____

Billing address of Insurance Company _____ Group # _____

Name of Primary Care Physician _____ Phone # _____

PLEASE PROVIDE COMPLETE AND ACCURATE MEDICAL HISTORY INFORMATION

CONDITION	NO	YES	CONDITION	NO	YES
Broken Bones			Severe anxiety or depression		
Severe Sprains			ADD or ADHD		
Neck or shoulder problems			High Blood Pressure		
Back and spine problems			Heart Disease		
Foot or ankle problems			Seizures		
Leg or knee problems			Asthma		
Intestinal problems			Diabetes		
Urinary tract problems			Bleeding or blood clotting disorders		
Hospitalized in past year			Chronic headaches		
Diagnosed mental illness			Chest Pain		
Past serious injuries or illnesses			Past operations		
Phobias and fears			Women- are you pregnant?		

Please provide further information for any condition listed above that you answered "Yes" Supply dates where applicable (use additional sheet of paper if needed)

Please list any allergies including food, medication, plant, bites, stings, etc (use additional sheet of paper if needed)

ALLERGY	REACTION	MEDICATION REQUIRED

Please list any prescription medication that is currently being taken. Please let us know what you are bringing on your Adventure and if it will be discontinued during the course of your time with Adventure Recreation International

MEDICATION	CONDITION	DOSAGE/ FREQUENCY	SIDE EFFECTS



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MEDICAL RELEASE AND HEALTH HISTORY ~ PAGE 2

PLEASE INDICATE ANY ADDITIONAL CONDITIONS OR CONCERNS WE SHOULD KNOW ABOUT SUCH AS DIETARY RESTRICTIONS ETC...

All ADVENTURE RECREATION INTERNATIONAL trips are rated as requiring a fitness level as LOW, MEDIUM AND HIGH LEVEL.
 A low fitness level is described as someone who participates in a cardio-aerobic activity (walking, swimming, biking, basketball etc) at least 10-15 minutes for 2-3 days a week.
 A Medium Fitness Level is described as someone who participates in a cardio-aerobic activity (walking, swimming, biking, basketball etc) at least 20-30 minutes for 3-4 days a week.
 A High Fitness Level is described as someone who participates in a cardio-aerobic activity (jogging, swimming, biking aerobic etc) at least 40-60 minutes for 4-5 days week and may or may not include strength training.
 Use our descriptions as a general guide and contact us with questions and concerns.

Please describe your current fitness routine and check the level of fitness required for your trip.

I hereby certify that the information provided herein is accurate and I, the participant is in good physical condition to participate in the required activities. If medical attention is needed for illness or injury during the program and medical facilities are not readily available then I give permission for ADVENTURE RECREATION INTERNATIONAL to provide Wilderness Medical care within their abilities, until facilities are available.

Participant Signature _____ Print Name _____ Date _____

TO BE COMPLETED FOR PARTICIPANTS UNDER AGE OF 18

This health history and fitness level is correct to the best of my knowledge and I believe my child to be physically and emotionally capable of participating in the programs offered by ADVENTURE RECREATION INTERNATIONAL LLC. I hereby give permission to Adventure Recreation International and all affiliates (including field staff and contractors):

1. To have access to my child's medical information included on this form.
2. To select medical personnel and to order X-rays, routine tests, or treatment for the participant listed above.
3. To make relevant medical information available to medical personnel.
4. To provide ongoing health care during the Adventure

Emergency Authorization: In the event I, my spouse cannot be reached in an emergency, I hereby give permission to the physician selected by AVDENTURE RECREATION INTERNATIONAL LLC, to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for the participant named above. This form may be photocopied for use in the field.

SIGNATURE OF PARENT/ GUARDIAN _____ PRINT NAME _____ DATE _____