

YMCA/Red Pines Participant Liability Waiver

Participant Name		Date of Birth	Gender
Address	City	State	Zip
Email Address		Phone	
Parent/Guardian Name; if under 18		Phone	
Emergency Contact		Phone	

PARTICIPANT MEDICAL PROFILE

I recognize that challenge course activities are strenuous endeavors requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in climbing activities and that if I am now under the treatment for any of the following I will check the proper heading and discuss them with a YMCA/Red Pines instructor.

Please check the appropriate heading;

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Nervous disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney related disease | <input type="checkbox"/> Back injury |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Neck injury | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Mental distress | <input type="checkbox"/> Recent injury | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hearing loss or impairment | <input type="checkbox"/> Orthopedic problem |
| <input type="checkbox"/> Insect allergies | <input type="checkbox"/> Drug addiction/dependency | <input type="checkbox"/> Cardiac or Pulmonary condition or disease | |
| <input type="checkbox"/> Any other condition (list) _____ | | | |

I further certify that if I am on any regular medication I will discuss this medication with the Red Pines staff and I have not taken any alcoholic beverages or mind altering drugs in the last 12 hours.

Participant Signature _____ **Date** _____
Parent Signature _____ **Date** _____

ACKNOWLEDGEMENT OF RISK & ASSUMPTION OF RESPONSIBILITY

I understand that during my participation in this adventure course activity I may be exposed to psychologically and physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment for each activity it is impossible for the program to guarantee absolute safety. I also understand that I share responsibility for safety and I assume that responsibility.

Further I wave any claim that may arise against the GLOW YMCA and or its employees, its employees, directors, and agents and other participants as a result of my participation in the program, except those which are a direct result of the negligence by the GLOW YMCA or its employees, its employees, directors and agents and other participants. I have accepted responsibility for verifying my personal health and my medical history on the top of this sheet. In so doing I state that I have no physical or psychological problems that would prohibit participation in this program. I agree to comply with all instruction and direction given by YMCA/Red Pines staff during my participation.

Participant/Parent Signature _____ **Date** _____