

Guide(s):

Date of activity:

Apex Ex Colorado

Participants Release of Liability Form & Assumption of Risk Agreement

Read Before Signing

Name(Print): _____

Email: _____

Our mission at Apex Ex Colorado is to create activity Independence as well as promoting environmental and human health. In order to achieve this goal Apex Ex Colorado provides on-going outdoor education. This agreement is applicable for all trips with Apex Ex Colorado.

In consideration of being allowed to participate in any way in the 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. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Apex Ex Colorado**, 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.

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 (over 18) Date

FOR PARENTS/GUARDIANS OF PARTICIPANT 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

X _____
Emergency contact Name & Phone Number(s)

(See other side for Medical Information Disclosure)

Participant Medical information.

Please carefully read and complete the following form. All information will be held confidential and is in the interest of safety during your course or trip. Indicating “yes” in regards to any of the following questions does not automatically disqualify anyone from participating, but simply helps the guide be well prepared.

If you check any of the following boxes, please explain to your guide in private.

Do you currently have or do you have the history of :

- Bleeding or blood disorder
- Eating disorders
- Hepatitis or other liver disease
- Neurological problems (Seizures, Epilepsy)
- Dizziness or fainting episodes
- Treatment or medication for menstrual cramps
- Disorders of the urinary or reproductive tract
- Current or prior cardiovascular disease or other cardiovascular problems
- A family history of cardiac disease
- Gastrointestinal disturbances
- Diabetes
- Hypertension
- Frostbite or Frostnip
- Acute Mountain Sickness or history of Problems at altitude
- Heat Stroke or other heat related illness
- High blood pressure
- Obesity
- Are you a smoker
- Respiratory problems
- Unexplained chest pain, shortness of breath or palpitations
- High Cholesterol
- Knee, hip, ankle, shoulder, arm, hand or back injuries

Are you currently taking any medications? *Medication dosage and frequency:*

Do you have any known allergies to Food, Insects, Medication, or Other?

