

# INDOOR SUMMITS TRIP PROGRAM RELEASE AND HOLD HARMLESS AGREEMENT

Indoor Summits Activity: \_\_\_\_\_

Dates of Activity: \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT, WHICH INCLUDES A RELEASE OF LIABILITY. READ IT CAREFULLY BEFORE SIGNING.**

**Please complete all gray boxes**

- I understand and accept that the Indoor Summits Activity noted above exposes me to many risks. Some of the risks, which may be present or occur include, but are not limited to:
  - The hazards of traveling in a canoe, or kayak in rough water conditions;
  - Water hazards including boulders, trees, coral, shells, seaweed, and other obstacles, surf, swells, chop, tides, rip currents, tide rips, whirlpools, and other water formations, swimming or floating in unfamiliar and sometimes turbulent water;
  - Using paddles, ropes, and other paddling equipment;
  - Man-made objects in the water including but not limited to other boats, ropes, cables, buoys, bridge or wharf pilings and metal junk;
  - Carrying canoes or sea kayaks and other river equipment;
  - The hazards of traveling in dark, irregular and steep terrain;
  - Cave hazards including loose rocks, slippery and irregular footing, low ceilings, narrow passages, underground streams, crawling or climbing through unfamiliar, steep, and irregular passages;
  - Using carbide lamps, carbide, and other caving equipment;
  - Carrying cave duffels and other caving equipment;
  - The hazards of traveling in steep terrain, including the potential of falling
  - Rock hazards including loose rocks falling from above, climbing or rappelling on unfamiliar, steep, and sometimes unstable rock faces
  - Using harnesses, ropes, carabiners, and other climbing equipment;
  - Man-made objects falling from above including but not limited to ropes, carabiners, other climbing gear, packs, cameras, and personal gear;
  - Carrying ropes and other climbing equipment; hiking or walking in rugged terrain, including slippery rocks and shells
  - Injuries inflicted by animals, insects, reptiles or plants;
  - The forces of nature including lightning, weather changes, hypothermia, hyperthermia, sun burn, tides and tidal currents, high winds, falling trees, and others not named;
  - The physical exertion associated with the outdoor activity;
  - Traveling in a vehicle not driven by me.
  - Traveling in terrain that may be inaccessible to emergency vehicles
- I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficient physical condition to accept rigorous level of physical activity.

### **Contraindications for Participation**

Physician approval is required for participation for participants with any of these contraindications:

- High Blood Pressure (>145/90)
- Unstable cardiovascular or respiratory condition
- Active back or joint problems (recent or recurring injuries)
- Post-partum (<6 weeks since giving birth)
- Uncontrolled diabetes, epilepsy or seizures

### **PARTICIPANT AGREEMENTS AND REPRESENTATIONS**

3. I am aware that participation in the above program exposes me to many risks of injury. While there have been few accidents involved with these activities, one must be aware that injuries can occur including but not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of participating in the above activities may result not only in serious injury, but in a serious impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I agree to follow the rules and safety procedures established for the activities, and to obey Indoor Summits staff supervising these activities. The entire responsibility for safety is not the leaders. I, too, have a responsibility. For my own safe participation, and that of my fellow participants, I must call to the attention of the leader any situation, which I perceive to be a potential danger to fellow participants or myself. This would include, but should not be limited to: equipment that has broken or is in need of repair, when I am not feeling well or am unduly fatigued, or when I have unusual difficulty in performing a skill.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PARENT'S CONSENT**

I am the parent or legal guardian of the participant whose signature appears above. I have had the opportunity to discuss the foregoing with my child/ward. He/she understands Items 1- 3 above. I concur in my child's representations and agreements therein, and I consent to his/her participation in the programs(s).

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

4. IN CONSIDERATION OF AND AS PART PAYMENT FOR THE OPPORTUNITY TO PARTICIPATE IN THIS ACTIVITY, I HAVE AND DO HEREBY RELEASE AND WILL HOLD HARMLESS INDOOR SUMMITS INC. AND ALL ITS OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, DEBTS, CLAIMS AND DEMANDS OF EVERY KIND AND NATURE WHATSOEVER, AND SPECIFICALLY INCLUDING ANY CLAIM FOR NEGLIGENCE OR NEGLIGENT ACTS, WHICH I NOW HAVE OR WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY TRIP OR PARTICIPATION IN THIS ACTIVITY. THIS RELEASE SHALL NOT INCLUDE CLAIMS BASED ON THE INTENTIONAL, RECKLESS OR WILLFUL MISCONDUCT OF INDOOR SUMMITS OFFICERS, EMPLOYEES OR AGENTS. THE TERMS HEREOF SHALL SERVE AS A RELEASE, INDEMNIFICATION, AND ASSUMPTION OF RISK FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING ANY MINORS ACCOMPANYING ME.

\_\_\_\_\_  
Signature of Participant or Parent / Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### MEDICAL RELEASE

In the event reasonable attempts to contact (**emergency contact**) \_\_\_\_\_ at, (**emergency phone number**)(\_\_\_\_) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for (1) the administration of any treatment of my child/self as deemed necessary by \_\_\_\_\_ (preferred physician and his/her phone number) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child/self to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

\_\_\_\_\_  
Signature of Participant or Parent / Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Does you or your child have any health conditions that could effect your his/her participation in this program or that the staff should be aware of? (Recent injuries, allergic to bee stings, on medications, etc.) Yes\_ No \_ if yes, please explain:

5. Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print Clearly) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ my date of birth is \_\_\_\_\_ (month/date/year)

### Photo Release signature

I give permission to be photographed and permission for the photograph to be published by Indoor Summits Inc. for promotional material.

Due 2 days prior to trip—if form is late, you may be dropped from trip

**INDOOR SUMMITS MEDICAL HISTORY FORM**  
Please Print — Fill Out Both Front & Back

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Name of personal physician: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_

Health Insurance Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Special diet considerations: \_\_\_\_\_

## Medical History

Please describe condition / treatment where possible (use the back if more space is needed)

\_\_\_\_\_

• Are you currently under treatment for any illness or condition? No \_\_\_\_\_ Yes \_\_\_\_\_

• Do you have a condition requiring regular medication? (i.e. diabetes, epilepsy, etc.) No \_\_\_\_\_ Yes \_\_\_\_\_

• Are you currently taking medication(s)? You are expected to have it with you during the program. (Explain what each is for –use back if necessary) No \_\_\_\_\_ Yes \_\_\_\_\_

List: \_\_\_\_\_

• Has your doctor or other medical professional told you to limit your activity in any way? No \_\_\_\_\_ Yes \_\_\_\_\_

Describe: \_\_\_\_\_

• Have you been directed to carry an inhaler or other breathing device? No \_\_\_\_\_ Yes \_\_\_\_\_

• Have you ever had or do you currently have any Allergies? No \_\_\_\_\_ Yes \_\_\_\_\_

List: \_\_\_\_\_

• Have you ever had or do you currently have an Allergic reaction to Bee Stings? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you carry Epinephrine (e.g. Epi Pen / Ana Kit)? If Yes, What type? \_\_\_\_\_

**You are expected to have you epinephrine with you during the program.**

• Could you be pregnant or are you attempting to become pregnant? If you are pregnant, be aware that climbing harnesses can cause potential problems. No \_\_\_\_\_ Yes \_\_\_\_\_

• Do you have any Disabilities (which could impact on your participation in this program?) No \_\_\_\_\_ Yes \_\_\_\_\_

Describe: \_\_\_\_\_

• Have you ever had any injuries including back, spine, broken bones, sprains, dislocations, soft tissue injury? LIST injury, year of occurrence and current condition: No \_\_\_\_\_ Yes \_\_\_\_\_

List: \_\_\_\_\_

\_\_\_\_\_

• Have you ever undergone surgery? If yes, please describe: No \_\_\_\_\_ Yes \_\_\_\_\_

Describe: \_\_\_\_\_

• Describe swimming your ability / comfort in water: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

### Cardiac Risk Factors

NOTE: Research has demonstrated that adventure activities can raise heart and respiration rates in any participant and those persons with heart and respiratory problem histories can be placed at extreme risk. **Individuals with 3 or more cardiac risk factors may also be at risk.** \*\*Cardiac risk factors include: Age = males >45, Female > 55, tobacco, family history of heart disease, high blood pressure, elevated cholesterol and diabetes. **If you have 3 or more cardiac risk factors, consult your physician and without written approval from your physician or health center you may be asked to limit your participation.**

- Do you exercise less than once a week? No\_\_\_\_\_ Yes\_\_\_\_\_
- Do you (or anyone in your genetic family) have any history of Heart Problems?  
Describe and indicate whom \_\_\_\_\_ No\_\_\_\_\_ Yes\_\_\_\_\_
- Do you get squeezing or tightness in your chest during exercise?  
Describe: \_\_\_\_\_ No\_\_\_\_\_ Yes\_\_\_\_\_
- Do you use tobacco in any form (cigarettes, snuff, etc.)? No\_\_\_\_\_ Yes\_\_\_\_\_
- Do you have 3 or more Cardiac Risk Factors? No\_\_\_\_\_ Yes\_\_\_\_\_

What other health factors should we know about you before starting this program? \_\_\_\_\_

The information provided above is a **complete and accurate statement** of the physical and No Yes psychological factors, which may affect my participation on an Indoor Summits program. No\_\_\_\_\_ Yes\_\_\_\_\_

I believe that I am in **good health**, and affirm that my participation in this/these Indoor Summits activities will in no way aggravate any present condition. If in doubt, I will **seek and follow medical advice**. No\_\_\_\_\_ Yes\_\_\_\_\_

I realize **that failure to disclose information** could result in serious harm to me and other participants. I agree to **hold harmless** Indoor Summits Inc. from any liability, claim or expense resulting, directly or indirectly, from my failure to disclose relevant information. This information will be kept confidential except as needed in an emergency. No\_\_\_\_\_ Yes\_\_\_\_\_

I hereby **consent to first aid treatment & evacuation**, and to treatment, anesthesia, and/or operations in a medical facility should that become necessary in the event of a medical emergency while a participant in and relating to indoor Summits activities. In case of treatment, I **consent to the release of medical records** and accident report forms to insurance companies, my employer (if at Indoor Summits as part of a company sponsored program), or agencies deemed appropriate by Indoor Summits. No\_\_\_\_\_ Yes\_\_\_\_\_

\_\_\_\_\_  
Participants Signature / Parent or Guardian Signature if Under 18

\_\_\_\_\_  
Date