

Date: _____
Group/Leader Name: _____
River/Program Name: _____

Wild Waters Outdoor Center
Medical History Report

Please print and fill out ***COMPLETELY***:

PARTICIPANT'S NAME:(please print) _____
HOME ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME PHONE: _____ Email address: _____
DATE OF BIRTH: _____

Do you presently have, or have you ever had any of the following:

Diabetes Yes _____ No _____
Heart Disease Yes _____ No _____
Asthma Yes _____ No _____
Epilepsy Yes _____ No _____
High/Low Blood Pressure Yes _____ No _____
Shoulder Dislocation/Subluxation Yes _____ No _____
Allergies (bee stings, food, etc.) Yes _____ No _____

Do you carry medication and what type? _____

If YES to BEE STING, please make sure you bring your own bee sting kit!!!

Do you wear contact lenses? Yes _____ No _____

Has your physical activity been restricted or altered during the past 5 years?

Yes _____ No _____

If YES, give reasons why: _____

Have you had any recent significant illness or injury or been hospitalized other than already noted?

Yes _____ No _____

If YES, give reasons why: _____

Please rate your swimming ability: Beginner _____ Intermediate _____ Expert _____

Are you presently on any medication other than already noted?

Yes _____ No _____

If YES, please explain: _____

Do you have any medical problems that might exclude you from participating in vigorous physical activity? Yes _____ No _____

If YES, please explain: _____

In case of emergency, please contact (name): _____

Telephone #: _____

Participant Release of Liability and
Assumption of Risk Agreement
*** Read Before Signing***

Adirondack Kayak Touring Company dba Wild Waters Outdoor Center

Participant Name _____

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 for all such risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others and assume full responsibility for my participation.
3. I willingly agree to comply with the 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 attention to the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Adirondack Kayak Touring Company dba Wild Waters Outdoor Center, its officers, officials, agents and/or lessors of premises used to conduct the event, (White Waters Realty Corp.), 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 RELEASES 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 INDUCEMENT.

X _____

Participants signature

Age

Date

FOR PARENT/GARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 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 all the Releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases 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 RELEASES, to the fullest extent permitted by law.

X _____

Parent/Guardian signature

Date

Emergency Phone Number (s)



ADIRONDACK EXTREME ADVENTURE COURSE LLC. ACKNOWLEDGEMENT AND WAIVER OF RISK

I hereby acknowledge that I understand the risk of injuries and physical demands which are associated with my participation in the Adirondack Extreme Adventure Course, LLC. I understand that this is an elevated course with many challenges which are also called "games". I understand that I will be in a safety harness which I am required to wear for the entire course and I will have two safety lines which I will be required to fasten and unfasten to the main safety lines as I make my way along the course. I agree that at all times I will keep at least one safety line attached to the main safety line.

I understand that I need physical strength and stamina to participate in the Adirondack Extreme Adventure Course LLC. I understand that if I lack the strength to participate in the course I am putting myself at risk for injury. I agree that I will call for help if I am in need of assistance. I agree that if it is determined by a staff member that I am unfit to continue participation in the course because I lack the physical strength to complete the course, because I am not following instructions or for any other valid reason I will be asked to leave the course. I understand that I will not be entitled to a refund of fees paid.

I understand that the safety lines which will be attached to my harness are approximately 28 inches long and that if I were to lose my footing along the course I could fall the length of the safety line. I understand that if I fall and am unable to easily get back on the course I will call for help and wait for a staff member to assist me in my descent from the course.

I understand that I could sustain a physical injury as a result of my participation in the Adirondack Extreme Adventure Course, LLC. I will be in a natural setting where I could fall, suffer heat stroke, be struck by a tree or be injured as a result of coming in contact with elements of the course. Understanding these risks I choose to participate in the Adirondack Extreme Adventure Course, LLC.

I acknowledge that Adirondack Extreme Adventure Course, LLC is not responsible for any personal items, left in the care of staff or not, which are lost, stolen or damaged.

I agree to cover the cost repair or replacement if I damage or lose any of the loaned equipment.

I agree that Adirondack Extreme Adventure Course, LLC and TreeGo Canada and its licensees are allowed to use any video images or photographs in which I appear for advertising.

I have read and understand all the terms and conditions stated in this form and voluntarily agree to take part in activities. Participants under 16 must have the signature of an adult.

I will follow these rules:

1. I will only participate if I am physically fit and am not under the influence of alcohol or medication.
2. I will participate in the demonstration course.
3. I will follow the instructions of the staff.
4. I will keep at least one of my safety lines attached to the main safety line at all times.
5. If I fall during the course I will call for help and wait for a staff member to assist me.
6. I will not walk under the course. I will stay on the marked trails when I am on the ground.
7. I will wear appropriate footwear, not sandals.
8. Participants under 16 must stay with their adult companion at all times. They can not complete the course if their adult companion stops the course.
9. Long hair must be tied back.
10. No clothing may be tied around the waist or otherwise be too loose that it could become caught on the equipment.
11. All supplied equipment will be returned immediately after its use. Other customers are waiting to use it.
12. All participants should make a stop at the restrooms before going through the course.

This is the link to the virtual liability release forms for Tubby Tubes River Inc.

https://waiver.smartwaiver.com/w/55b153d62fcd4/web/?auto_tag=fh_id_106735427&fh-u=9929c9bc-bbd2-46b5-9151-4ea414741d7e