



YMCA of the Rockies Estes Park Center Adventure Activities

Acknowledgment of Risk/ Waiver of Liability Agreement

There are risks involved in these activities. It is your choice whether you participate in one or more of these activities and to what level you participate. Our philosophy is "Challenge by Choice" which means you select the degree of challenge (if any) to which you will be exposed. However, in order for you to participate at any level in any of these activities, you or if you are less than 18 years of age, your parent or legal guardian, must read and sign this document.

Acknowledgement of Risks and Hazards

I acknowledge that there are risks and hazards involved in the Adventure Activities in which I have chosen to participate. These risks include but are not limited to:

1. Physical injury
2. Trauma
3. Death
4. Emotional injury
5. Property damage

These hazards include but are not limited to:

1. All manner of injury resulting in falling and hitting rock faces, trees or projections, whether permanently or temporarily in place, or the ground
2. Injuries resulting from falling climbers or dropped items, such as but not limited to, ropes or climbing hardware
3. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Adventure Activities
4. Rope abrasion, entanglement and other injuries related to but not limited to, climbing, belaying, lowering on rope, rescue systems, and any other rope techniques
5. Exposure to the sun and cold or severe weather conditions
6. Uneven or unexpected road, trail or ground surfaces
7. Contact with animals or insects
8. Interference from other activities in the vicinity
9. The physical and mental effects of rigorous physical activity at high altitude (8000 feet above sea level)

I acknowledge that this is not an exhaustive list of the risks or hazards that I may encounter, and that I may encounter unforeseen situations.

Certification of Fitness

I certify that I am healthy (both physically and emotionally) and capable of participating in this activity or these activities. I have listed below any medical condition(s) that the YMCA should be aware of which may hinder my participation in the activity selected. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the selected activity.**

DO YOU HAVE ANY MEDICAL CONDITION(S) THAT WE SHOULD BE AWARE OF THAT MAY HINDER YOUR PARTICIPATION?

NO _____ YES _____

If yes, please explain:

Waiver of Liability

1. In order to participate in the activity or activities listed above, I forever waive my right to sue YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any injury (including death) that I may suffer arising out of my participation in this activity or these activities. I understand that by signing this document, I release the YMCA (including its directors, staff, employees and other contracted parties) from all liability for any injuries (including death) that I may suffer because of my participation in the activity or activities listed above.
2. In the event that I file a lawsuit against YMCA of the Rockies, Estes Park Center, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
3. Should it become necessary for the YMCA Estes Park Center or someone on the Estes Park Center's behalf to incur attorney's fees and costs to enforce this agreement, I agree to pay YMCA Estes Park Center reasonable costs and attorney's fees.

I, the undersigned, have read, understand and accept the terms of this Acknowledgement of Risk/Waiver of Liability Agreement. I further understand that the terms of this agreement are legally binding. I certify that I have read this agreement and am signing this agreement of my own free will.

Name of Participant (Please Print) _____ Age _____
 Date(s) of Participation _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____
 In case of emergency, contact: Name _____ Phone _____

IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW: I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the named minor, and give my consent to the participation of the above named minor in all adventure activities of the YMCA of the Rockies on the terms stated.

SIGNATURE OF PARTICIPANT: _____ **Date of Signature:** _____

Or if the participant is a minor (less than 18 years of age), I represent that I have legal authority to execute this waiver on behalf of the participant.

SIGNATURE OF GUARDIAN: _____ **Date of Signature:** _____