



Outdoor Program Waiver And Release

21250 W. Capitol Drive-Pewaukee,WI 53072
PH 262.790.6800 - Fax 262.781.4898 - www.adventurerock.com

NOTICE: This waiver form is a binding legal contract and by signing the agreement you are waiving important legal rights in consideration of being permitted to participate in the program(s) and use of premises/equipment of Adventure Rock. The participant named below and the persons or guardian signing for them do voluntarily sign this release aware of the inherent risks in all of Adventure Rock programs.

Read & Initial

WARNING. There are significant elements of risk in any adventure sport or activity that are associated with rock climbing, climbing walls, outdoor activities, water activities, kayaking, or Ropes Course areas (herein the "ACTIVITY"). Although we have taken reasonable steps to provide you with the appropriate equipment and/or skilled instructors so that you can enjoy this Activity, for which you may or may not be skilled, we do hereby remind and put you on notice that the Activity has foreseeable and unforeseeable risks and that certain risks can not be eliminated without destroying the unique or exciting character of this Activity. You acknowledge by signing this document that you have carefully read this Waiver and understand that the same elements which contribute to the uniqueness of these activities can also be the causes of accidental injury, including serious injury and in extreme cases permanent trauma or death. These risks include, but are not limited to: (1) slips, falls or collisions while using the facilities or wilderness setting, rock climbing walls, floors, landing areas, entrances and exits, and any other indoor or outdoor facilities or equipment; (2) misuse of equipment; (3) my physical strength, coordination, sense of balance or ability to give or follow directions when climbing, belaying or participating in the Activity; (4) cuts or abrasions from entanglements with ropes or equipment, (5) drowning (6) bad decision making by you or any guardian present or signing on your behalf; and (7) the presence and actions of any other persons participating in the program.

Read & Initial

EXPRESS ASSUMPTION OF RISK. In full recognition of the inherent risks in the Activity for which I, and any minor Children participating for whom I am signing, I do confirm that I/We are physically and mentally capable of participating in the Activity and/or using the equipment and participating in the programs of Adventure Rock. I/We participate voluntarily and DO ASSUME FULL RESPONSIBILITY for damage, loss or injury to myself and any minor child I am signing for. I/WE ASSUME THE RISKS of personal injury, accident or illness, including but not limited to sprains, wounds, torn muscles or ligaments, fractured or broken bones, contusions, cuts or abrasions, neck and spinal injuries, head injuries, eye injuries, shock, paralysis, drowning, or death. I/We ASSUME SUCH RISK even if the injury or damage is caused by the negligence of others. I/We hereby acknowledge the aforementioned risks are examples only and that there are many other risks of potential injury and/or hazards involved in rock climbing and using the facilities/equipment.

Read & Initial

WAIVER AND RELEASE. On behalf of myself and any child I am signing for, do hereby knowingly and intentionally waive and release Adventure Rock from any claims for injury or damage which results from my participation, and voluntarily waive, release, indemnify and do hold harmless Adventure Rock and its agents, employees and officers from any actions, claim or suit for loss or liability which I or my successors, heirs or assigns may have for any injury, paralysis, loss or death to myself arising out of or related to my use of the facilities or Activities, whether or not caused by a released party.

Read & Initial

Medical Information Release. I have read and accurately filled out the Medical Information Release on the back side of this document. Failure to accurately represent my past or current medical condition my result in improper care. I further release Adventure Rock and its agents, employees and officers from any claim whatsoever on account of first aid treatment or service rendered, or not rendered, during participation in this Activity. ****Please fill out Medical Information Release****

Read & Initial

Participant's Printed Name: _____
Participant's Signature: _____
Date: _____ Phone: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____

TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR. I hereby represent that I am the parent or guardian of the minor whose name appears above. I have read and consent/agree to the terms and conditions herein, on behalf of myself and said minor.

X _____
Guardian Signature Print Name Date



Medical Information Release

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Please answer the following questions to the best of your ability. The activities you will participate in often are of a different physical nature than most participants are used to. All medical concerns need to be known. If you have questions regarding your participation, you should discuss them with your doctor.

Participants Name (Print): _____

Emergency Contact (EC): _____ EC Phone: _____

2nd EC Name: _____ 2nd EC Phone: _____

Please list any medications you are currently taking. Place an *asterisk* beside any medications you brought to this activity. For asterisked medication, include dosages and precautions: _____

Please list any allergies either environmental or to any medications. Please describe reaction and management of the reaction: _____

Medical History: Please check all that apply

<input type="checkbox"/> Chronic Hypoglycemia	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Circulatory Problems	<input type="checkbox"/> Irregular Heart Beat	<input type="checkbox"/> Stroke	<input type="checkbox"/> Asthma
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Neck/Back	<input type="checkbox"/> Other: _____

Please explain any marked box above: _____

I, _____, hereby consent to any hospital care or medical or surgical diagnosis or first aid activities with Adventure Rock and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity. My participation in this Activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with the full knowledge of the inherent risks.

Participant's Signature: _____

Date: _____ Phone: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

To be read and signed by parent/guardian of minor. I hereby represent that I am the parent or guardian of the minor whose name appears above. I have read and consent/agree to the terms and conditions herein, on behalf of myself and said minor.

X _____
 Guardian Signature Print Name Date