



Montgomery Presbyterian Conference Center High Ropes and Climbing Tower Participant Agreement, Release, and Acknowledgement of Risk

In consideration of the services of Montgomery Presbyterian Conference Center, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their own behalf (hereinafter collectively referred to as "MPCC"), I hereby agree to release and discharge MPCC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in high ropes course activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** MPCC programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in high ropes course activities and its potential for slips, falls, an falling, rope burns, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity, there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and associated disease. Furthermore, MPCC facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities; they might misjudge the weather.
2. I expressly agree and promise to accept and assume all risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and to hold harmless MPCC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MPCC's equipment or facilities, including any such Claims which allege negligent acts or omissions of MPCC.
4. Should MPCC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume—and bear the costs of—all risks that may be created directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against MPCC, I agree to do so solely in the state of Florida, 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.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MPCC on the basis of any claim from which I have release them herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant over 18: _____ Date: _____

This Part Must be completed for participants between the ages of 12 and 18

In consideration of _____(print minor's name) ("Minor") being permitted by Montgomery Presbyterian Conference Center ("MPCC") to participate in its activities and to use its equipment. I further agree to indemnify and hold harmless MPCC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by minor.

Printed Name of Parent/Guardian: _____ Phone: _____

Signature of Parent: _____ Date: _____

General Information and Release Form

High Ropes/Climbing Tower Requirements

All participants on the high ropes course must be at least 12 years old.
A group must provide their own supervision of 1:8 adults to youth under 16.

General Information

Printed Name of Participant: _____ Phone: _____

Address: _____

Street

City, State

Zip

Name of Organization sponsoring event: _____

Date of Event: _____

Emergency Medical Information

No Yes

____ Allergies to foods, drugs and insect bites, dust. Please identify which and the nature of the reaction below.

____ Physical disabilities or conditions. Please explain below.

____ If you are presently taking any medication, please identify below.

If you answered yes to any question above, please explain here: _____

Emergency Contact Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Emergency Release

INITIAL ONLY ONE:

(If none or both of the blanks below are initialed, the named person WILL NOT be allowed to participate.)

_____ **Permission to Provide Emergency Care:** I hereby give permission to the emergency medical personnel selected by the camp staff to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including injection and/or hospitalization, and/or anesthesia, and/or surgery for the person named above. (This authorization does not cover major surgery unless the medical opinions of two other licensed practitioners concur with the necessity for such surgery are obtained prior to the performance of surgery.)

OR

_____ **I DO NOT GRANT MY CONSENT to Provide Emergency Care:** In the event of any injury or illness requiring emergency treatment. I wish MPCC take no action or to _____.

Signature of Participant: _____ Date: _____

(if participant 18 or older)

Signature of Parent/Guardian: _____ Date: _____

(if participant under 18)