

Acadia Mountain Guides Climbing School

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

NON-NPS FORM

In consideration of the services of Acadia Mountain Guides, Inc. (dba Acadia Mountain Guides Climbing School and Alpenglow Adventure Sports), their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "AMG"), I hereby agree to release, indemnify, and discharge AMG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, challenge activities, backpacking, rock climbing, ice climbing and mountaineering entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls: being struck by rock fall, icefall, or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes, and avalanche; the risks of falling off the rock or mountain; the risks of exposure to insect bites; the risks of altitude and cold including frostbite and hypothermia; my own physical condition, and the physical exertion associated with this activity.

Furthermore, AMG employees 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 or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this 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 hold harmless AMG 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 AMG's equipment or facilities, including any such claims which allege negligent acts or omissions of AMG.

4. Should AMG 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 myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against AMG, I agree to do so solely in the state of Maine and I further agree that the substantive law of Maine 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 document shall remain in full force and effect.

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 AMG on the basis of any claim from which I have released them herein.

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

Print Name: _____ Signature: _____ Date: _____

Signature of Parent of Guardian, if participant is under 18 years of age

In consideration of _____ (Minor) being permitted by AMG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AMG 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.

Print Name: _____ Signature: _____ Date: _____

Acadia Mountain Guides Climbing School
HEALTH STATEMENT AND EMERGENCY CONTACT – Non NPS form

Program Type: _____ Group Name: _____ Program Date: _____

Participant Last Name: _____ **First Name:** _____ **Age:** ____ **Birthdate:** _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Phone #: _____ Email: _____ Today's Date: _____

Parent / Guardian Last Name: _____ **First Name:** _____ **Phone:** _____
(if different than above)

Address (if different than above): _____

Emergency Contact Last Name: _____ **First Name:** _____ **Phone:** _____
(if different than above)

Address (if different than above): _____

HEALTH STATEMENT

This trip / activity involves participation in outdoor activities which are, by their nature, physically and mentally demanding. Therefore all participants must be free of medical or physical conditions which might create undue risk to themselves or to others who depend on them. If there is any doubt whatsoever about your ability to safely participate in this activity, you should have a physical examination by a physician. We may also require a physician's consent as a precondition for participation. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated rigors of this program.

I hereby consent to any needed medical care with Acadia Mountain Guides, Inc and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity. I also understand and agree that I am solely responsible for all appropriate charges for such services and that and its agents are under no duty to provide any first aid or medical treatment in any event. My signature indicates that I have read and understand the above.

1. Do you have any physical disabilities, conditions, past injuries or any other physical limitations that you have which could effect your participation in any way? No Yes (please explain)

2. Do you have any pertinent allergies or medications? No Yes (please explain)

3. Do you have any dietary restrictions? No Yes (please explain)

4. Describe your current physical fitness and level of activity:

5. Do you carry any medical insurance? No Yes (please name provider)

Participant Signature: _____ Parent/Guardian: _____

CONSENT FOR PHOTOGRAPHS AND VIDEO

I authorize and release to Acadia Mountain Guides, Inc the use of my image in any photograph or video recording for any purpose of Acadia Mountain Guides, Inc.

Participant Signature: _____ Parent/Guardian: _____