

Acadia Mountain Guides Climbing School

ACKNOWLEDGEMENT OF RISK

For National Park Services Areas

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 agree as follows:

1. I acknowledge that hiking, camping, backpacking, rock climbing, ice climbing, and mountaineering entail 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 simply 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; and 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 fail or malfunction.

2. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

4. 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.

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

Print Name: _____ Signature: _____ Date: _____

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: _____

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HEALTH STATEMENT AND EMERGENCY CONTACT

Participant Last Name: _____ First Name: _____ Program Date: _____

Program Type: _____ Age: _____ Birthdate: _____

Organization Name (if coming as part of an organized group or camp): _____

Mailing Address: _____

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

Phone #: _____ Email: _____

Parent / Guardian Last Name: _____ First Name: _____ Phone: _____

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 that 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. Acadia Mountain Guides, Inc 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.

CONSENT TO TREATMENT

I hereby consent to any hospital care or medical or surgical diagnosis or first aid activities 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.

CONSENT TO TREATMENT OF MINOR

I authorize Acadia Mountain Guides, Inc personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that, once the minor is in the care of medical personnel or a medical facility, Acadia Mountain Guides, Inc shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

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: _____