

# Acadia Mountain Guides Climbing School

## ACKNOWLEDGEMENT OF RISK

### For National Park Services (NPS) 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. Although AMG has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, AMG has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. AMG does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

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.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of AMG has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

2. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I understand that I will be asked to share in the responsibility of community protection and agree to additional health screening, the use of face coverings, hand sanitizer, and social distancing practices if deemed necessary. I acknowledge I have read, understand and accept AMG's COVID special procedures.

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

4. 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.

5. I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

**I have had sufficient opportunity to read this entire document. I have read and understood it.**

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 and explained its provisions to my child/ward. I have read and understood it.

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 (ie. Rock Climbing): \_\_\_\_\_ 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: \_\_\_\_\_

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 Acadia Mountain Guides, Inc. 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)

\_\_\_\_\_

Describe your current physical fitness and level of activity: \_\_\_\_\_

4. Do you carry any medical insurance?  No  Yes (please name provider) \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_