

**All guests must read and sign the following waiver. Thank you.**



## I. RELEASE AND INFORMED CONSENT

The undersigned ("the Participant") hereby acknowledges that I have voluntarily applied to participate in the Adventure Recreation Program.

I am aware that the activities of the Event(s) will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, and beams, riding ATV's, shooting sporting clays, hiking, biking, or other activities. The Participant will participate in activities, which may be at substantial heights above the ground. Additionally, the participant may be participating in activities that require hiking across undeveloped terrain some distance from emergency services.

Prior to my participation, I will be advised of the rules and requirements governing my participation. I agree to accept and abide by those rules and requirements.

I agree that if at any time I believe the Event(s) activities are beyond the scope of my capabilities, I will immediately so notify the Event(s) personnel and withdraw from participation.

In consideration of being allowed to participate in the Event(s), I hereby release and covenant not to sue Spring Valley Ranch, LLC, Challenge Quest, LLC. (CQ), and any of CQ's affiliated companies as well as their board of directors, officers, staff, employees, owners, agents and any individual or company (the Releases') assisting, instructing or conducting the Event(s) activities from all liability of any nature for any and all injuries, loss, death, claim or damage I may suffer due to my own negligence. This release is binding on my heirs, personal representatives and assigns.

## II. NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS

**Please read and check your response to each question.**

1. Do you have a healing fracture or joint injury?  Yes  No
2. Do you have any abdominal organ enlargement?  Yes  No  
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.
3. Do you have insect allergies?  Yes  No  
You should have an Epi-pen or other self treatment if you are susceptible.
4. Are you pregnant?  Yes  No
5. Have you had an organ transplant?  Yes  No
6. Do you have asthma?  Yes  No  
You should bring your medication with you to the program.
7. Do you know of any medical condition that might affect your participation in the Challenge Course portion of the program?  Yes  No

If your answer is yes, explain:

Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from activity that may overstress you.

The above information accurately reflects my current state of health. (Initial) \_\_\_\_\_



**SELF-GUIDE FOR DETERMINING PARTICIPATION ON ROPES ACTIVITIES**

Information for persons determining participation in ropes course activities. Appropriate action based on positive responses to questions on the "Information to Assess Participation Level" questionnaire.

Limiting your participation in the physical group activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. (Healing Fracture or joint injury) It is suggested that you check with your doctor if in doubt about the activity.
2. (Organ enlargement) You may not wear a harness, but may participate in all other activities.
3. (Insect allergies) Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. (Pregnancy) You will be excluded from all activity where you might fall, or get a shock load to the body. May not participate where a harness is required. Must not be involved in heavy lifting.
5. (Organ transplant) You may not participate where a harness is required.
6. (Asthma) Be aware of your own well being. Transportation is available to take you to an inside facility. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible cardiac incident. Make an intelligent decision early for yourself about your level of participation.

**By my signature below, I certify that I have read and understand the contents of this Informed Consent AND - have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in the Team Event; OR - assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in the Team Event.**

**III. PHOTO RELEASE**

I hereby authorize Spring Valley Ranch to use and publish any photographs taken of me and my name for use in the Spring Valley Ranch public (Facebook, Website, etc.), marketing (printed works) and any other forums that Spring Valley Ranch uses. I acknowledge that since my participation at the Ranch is voluntary, I will receive no financial compensation or ownership of use of my images. \_\_\_\_\_(Initial)

**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL.**

Please Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Witness/Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Parent signature required for participants under the age of 18 years old.**