

ASPENDALE BAPTIST ENCAMPMENT, INC.
PARTICIPANT ASSUMPTION OF RISK, RELEASE AND AGREEMENT
FOR HIGH RISK RECREATION ACTIVITIES

In consideration of the services of **Aspendale Baptist Encampment**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as **ABE**), I hereby agree to release, indemnify and discharge **ABE** 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 Risk Recreation Activities" including ropes course, paint ball, go-carts, the archery/pellet ranges, and snow tubing, 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.

ABE programs are based on the "challenge by choice" principle. At any time, you and/or your group are free to withdraw from participation in the high risk activities. **The risks include, among other things, the potential for:**

- a) slips, falls and falling;
- b) rope burns;
- c) inches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards;
- d) potential contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, **ABE** instructors 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 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 **ABE** 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 **ABE** equipment or facilities, including any such claims which allege negligent acts of omissions or **ABE**.

4. Should **ABE** 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 **ABE**, I agree to do so solely in the state of *New Mexico*, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of the law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions 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 ABE 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.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by **ABE** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless **ABE** 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. I further give my permission for said minor to participate in this activity.

Parent or Guardian _____ Print Name _____ Date _____

Please Print

Name: _____ Age: _____ Church: _____

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APPENDIX B

****This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medication condition. This information is to be confidential.****

Question:

Response: circle one

- | | | |
|--|-----|--------|
| 1. Any pre-existing medical conditions?
If yes, please explain: _____ | Yes | No |
| 2. Are you currently taking any prescription or non-prescription medication?
If yes, please explain: _____ | Yes | No |
| 3. Do you have a heart condition? | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have any allergies (food, bees, insects or medicines)? | Yes | No |
| 6. Do you foresee any problems participating in the upcoming Odyssey
Activity due to a lack of physical exercise back home?
If yes, please explain: _____ | Yes | No |
| 7. Do you feel any pressure or coercion from others to participate? | | Yes No |
| 8. Do you have a disability?
If yes, please indicate the functional implications and any concerns about participation related to the disability:

_____ | | Yes No |

9. Describe your current level of activity:

In case of emergency, contact _____ Phone _____
Medical Insurance (company and policy number) _____

Participant – please read and sign:

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

Participant's Signature

Date

*****You may use the back of this form to continue your answers or additional information******