

Ropes Course

RELEASE AGREEMENT

NOTICE OF RISK

I, the undersigned do hereby understand, acknowledge and agree that my participation in the *Ropes Course* Program is based on a philosophy of "Challenge by Choice", which means that my or my minor child's participation, and level of challenge in any activity is purely voluntary. I further understand that Team Building, High and Low Ropes, Zip Lines and other climbing related activities contain inherent risks that could lead to permanent serious injury or death. These risks could include, but are not limited to: falling to the ground, falling onto other participants, collisions with equipment or objects, being hit by falling objects and natural environmental risks. I further understand, acknowledge, and agree that while instruction, rules, equipment, and personal discipline may reduce these risks; the possibility of injury does exist.

ASSUMPTION OF RISK

UNDERSTANDING THE HAZARDS INHERENT TO THE ACTIVITY, I AGREE TO ASSUME FOR MYSELF AND/OR MY MINOR CHILD, ALL OF THE RISKS INVOLVED.

RELEASE FROM LIABILITY

In consideration of being allowed to participate in the *Ropes Course* program at Roundtop Mountain Resort, **I AGREE NOT TO SUE, TO RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND SKI ROUNDTOP OPERATING CORP., ITS OWNERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, IN ANY WAY RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE SAME.**

I agree that I will advise my facilitator of any medical or health concern that might effect my or my child's participation in the *Flying Leap* program.

I agree to report all injuries to a *Ropes Course* facilitator or other *Ropes Course* staff member before leaving the area.

I hereby grant my permission for *Ropes Course* / Roundtop Mountain Resort to use any photograph, film, videotape or sound recording of me for any legitimate business purposes.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

Signature of Participant

Date

Signature of Parent or Guardian (if under 18)

Date

(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)

Ropes Course Medical Registration Form

Ropes Course activities can be strenuous and often offer exercise of a different nature than most participants are used to. Because of this *Ropes Course* does not want you to engage in activities that could be detrimental to your health. Therefore, we are requesting the following information in the event of an emergency. *Ropes Course's* use of this information is for programming purposes for all challenge course programs only and shall comply with all applicable state and federal laws related to the privacy of health information of this type.

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Home phone (_____) _____

Emergency Contact

Name _____ Phone (_____) _____

Name of Physician _____ Phone (_____) _____

Please complete the following information:

| Yes | No | |
|------------|-----------|---|
| ___ | ___ | Do you currently have: Allergic to insects, food, or plant? Anaphylaxis? Specify _____ |
| ___ | ___ | Do you carry Epinephrine Allergic to Medication? Specify _____ |
| ___ | ___ | Currently taking any Prescriptions or Meds Specify _____ |
| ___ | ___ | Diabetes |
| ___ | ___ | Heart Disease |
| ___ | ___ | Epilepsy/Seizures |
| ___ | ___ | Asthma |
| ___ | ___ | Mental or Neurological Problems |
| ___ | ___ | Musculoskeletal injuries, breaks, sprains, dislocations |
| ___ | ___ | Are you pregnant |

Please explain any "yes" answers:

Do you carry Medical Insurance? Yes _____ No _____

I understand and acknowledge that *Ropes Course* does NOT make a determination of my or my minor child's fitness for an outing; rather I represent to *Ropes Course* and verify that I or my minor child am physically fit and ready for an outing by placing my initials here.

Please initial here _____

Verification of Accuracy and Full Disclosure

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others during an outing. I represent and warrant that I have provided all material and important information to *Ropes Course* pertaining to my or my minor child's medical, mental and physical condition in view of my or my child's participation. I agree to notify the *Ropes Course* facilitator if there is any change in my or my child's mental, physical or medical condition prior to my scheduled activity.

Please initial here _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my or my minor child's participation while at *Ropes Course*.

Signature of Participant or Parent/Guardian (if under 18 years of age)