



PARTICIPANT INFORMATION/MEDICAL AUTHORIZATION/HOLD HARMLESS WAIVER

Program Name: **HIGH ADVENTURE CAMP**

Participant's Name: _____ Gender: _____

Date of Birth: _____ Age: _____ Current Grade (2019-2020): _____

Home Phone: _____ Parent/Legal Guardian: _____

Parent/Guardian Work Phone/Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

E-mail: _____

Physician's Name: _____ Physician's Phone: _____

Person to contact in an emergency: _____ Relationship: _____

Emergency Contact Phone: _____

Can your child swim and/or does he/she have concerns regarding exposure to the water (please explain)? _____

Special medical conditions (allergies, medications, special needs or disabilities, etc.): _____

NOTE: Please provide the department with allergy information; especially, to bee stings, since this is an outdoor program, and provide your child with an Epi-pen (to be SELF-ADMINISTERED-department personnel is not authorized to administer), if this is appropriate for your child's care.

AUTHORIZATION FOR MEDICAL TREATMENT

I authorize minor medical treatment, such as: ice packs, band-aids, etc. Yes _____ No _____ *(please check one)*
In the event that emergency medical or dental treatment is needed, I permit and authorize the Town of Queensbury Parks and Recreation Department representative/vendor and/or Program Supervisor to seek and provide such treatment in my absence.

Signature of Parent or Legal Guardian

Date

By providing my signature below, I have carefully reviewed the health information above and attest to its accuracy and consent to my child's participation in the aforementioned program.

HOLD HARMLESS AGREEMENT

The undersigned hereby agrees to indemnify, save harmless, and waives liability of the Town of Queensbury, the Town Board, the Parks and Recreation Department, employees and volunteers thereof, for any responsibility should an accident or injury occur to the undersigned participant as a result of participation in any program sponsored by the Queensbury Parks and Recreation Department or while using recreation program facilities.

Signature of Parent/Legal Guardian or Participant (if age 18 and over)

Date

INFORMED CONSENT: CHALLENGE COURSE

Risks	Prevention	Treatment
Strains, sprains, dislocations or broken bones	Climb within abilities	Administer proper first aid, inform staff of injury for assistance
Blisters, hot spots, soreness	Wear properly fitted footwear, clothes and equipment	Inform staff of the discomfort assistance
Frostnip, frostbite, hypothermia	Wear proper clothing (gloves, wool socks, etc.). Eat and drink proper amounts	Get to a warm area and warm affected body parts slowly
Sore muscles	Climb slower, carry less weight, take more breaks	Inform staff of the discomfort for assistance
Dehydration	Drink plenty of water (a liter every couple of hours)	Rest and slowly drink plenty of water
Scrapes and cuts	Climb within abilities. Wear proper clothing	Inform staff of any injuries
Heat exhaustion or heat stroke	Wear proper clothing. Rest if you become too hot. Drink plenty of fluids.	Rest in shaded area, drink plenty of fluids. If signs of heat stroke are evident, seek medical attention.
Getting hit by falling object	Be alert. Wear a helmet.	Inform staff of injury for assistance
Hair, clothing or jewelry getting caught in pulleys or other parts of challenge course	Tie back long hair. Remove rings, dangling earrings, watches, etc., and wear proper clothing (i.e. avoid loose sleeves).	If caught, remain calm and ask staff for assistance.
Death or serious injury	Wear proper safety gear. Check to see if carabiners are secure. Make sure belayer is ready BEFORE you climb.	Inform staff of any injuries

I have read and understand the risks listed above and have received a safety briefing on risks associated with this activity and how to avoid them. I agree to take an active part to protect myself and my fellow participants during this activity. I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to myself or others. I will be on time for all scheduled meetings and events.

Furthermore, I agree to respect the rights and feelings other participants and staff and to act in a supportive and caring manner during my participation in this event. I will take care of myself by letting others know what I need. I will try everything that I am asked to do by staff. I understand I have the right not to participate if I don't feel physically or emotionally safe. I will follow all safety guidelines given by staff. I will not use equipment without proper supervision.

I understand that I should do nothing that may harm the environment or destroy its natural beauty, so that anyone who follows me may enjoy what nature provides. I will carry my trash out to a suitable trash container. I agree not to bring a radio/cell phone, beeper on a trip unless I have written permission from the trip leader. I have read and understand the alcohol/drug use policy defined in the Student Handbook and agree to abide by them.

I have read all of this informed consent and understand that I may be dismissed from participation for refusing to abide by its contents.

Participant Initials: _____

Parent/Guardian Initials (if Participant under 18): _____

ASSUMPTION OF RISK AND INSURANCE CERTIFICATION

Many recreational activities and outdoor adventure programs involve substantial risks of bodily injury or death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training for, participation in, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that SUNY Adirondack does not warrant or guarantee in any respect the safety or health of any individual participant in any outdoor program or recreational activity.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary outdoor programs or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs.

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

The undersigned hereby acknowledges that participation in outdoor adventure programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of SUNY Adirondack (the "Institution") allowing the undersigned to participate in voluntary recreational programs or outdoor activities in connection therewith, and making available to the undersigned for his or her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge SUNY Adirondack and the Board of Regents of the State University of New York, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such outdoor programs and recreational activities.

I further covenant and agree that for the sole consideration stated above I will not sue SUNY Adirondack, the Board of Regents of the State University of New York, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or outdoor activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the Institution or the Board of Regents of the State University of New York or any member, officer, agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver of Liability, and Covenant Not to Sue shall remain in effect for as long as I am a participant in outdoor adventure programs or recreational activities offered by the Institution. Further, I understand that, if I am an employee or student at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment or employment at the Institution.

I certify that I am 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this notice.

Print Name: _____ Date of Birth: _____

Participant Signature: _____ Date: _____

Signature of parent/guardian (if Participant is under 18): _____

