

Statement of Assumption of Risk, Informed Consent and Release of Liability

I, _____, the undersigned participant, or in the event the undersigned is under eighteen (18) years of age, the undersigned’s parent and/or guardian, am aware that certain elements of this

_____ **trip/activity/class** (hereafter termed “event”) is physically and emotionally demanding. I understand and assume certain risks due to weather conditions, changing water conditions, natural and human hazards, incidents related to travel to, from, or during the activity, and/or physical infirmaries. Though Lost Creek Adventures LLC (hereafter termed LCA) follows reasonable and prudent safety procedures, risks cannot be completely eliminated.

Following is a representative listing of the potential hazards to participants that are inherent to the activities one may be involved in while participating in an LCA event. This is not meant to be a complete listing as other injuries are certainly possible; fatigue, chills, dizziness, lacerations, punctures, cuts, contusions, fractures, internal and soft tissue injuries, injection of venom, introduction of disease producing organisms by virtue of being attacked and/or bitten by animals, falling or encounters with trauma-producing objects found on site or around vehicles or at other sites being used for the activity, infection, serious injuries to head, neck or spinal cord, all bones, joints, ligaments, tendons, and other aspects of the musculoskeletal system, serious injury or death resulting from lightning strike, falling trees, heat-related or cold water immersion, drowning or inhalation of water, and serious injury, paralysis, or impairment of other aspects of the participants body, general health, and emotional well-being.

- Due to these potential risks, LCA and its staff/employees need to be aware of any pre-existing limitations I may have. By signing this form I am stating that I have notified the leaders/instructors of any of these limitations via the back of this form and/or in person or have none to report. _____ (initial)
- I hereby give the event staff/leaders permission to obtain emergency medical treatment and to render first aid according to their training at my cost. _____ (initial)
- To the best of my ability I will follow all instructions, rules, policies and will act responsibly and safely towards all participants and staff. _____ (initial)
- I acknowledge that a staff member of LCA has the right to modify the activities or my participation in the activities to maintain the safety of myself, all participants, and the environment. _____ (initial)

Assumption of Risk and Release

The undersigned assumes all responsibility of and all risk of damage, injury, death, loss of personal property and expenses, personal negligence in participating, that may occur to the undersigned while attending the LCA event named above, participating in exercises, using LCA equipment or facilities, or when following instructions. In consideration of being accepted as a participant the undersigned hereby releases and discharges LCA and its staff from all claims, demands, rights of causes of action present or future, whether known, anticipated, or unanticipated, and resulting from, arising out of or incident to, the undersigned’s participation in the activity/event.

I have read, understood, and accept the terms and conditions stated herein and acknowledge that this agreement shall be binding and I sign the Statement of Assumption of Risk, Informed Consent and Release of Liability by my own free will and choice.

Participants printed name _____ Date of Birth _____

Name of legal guardian if participant is younger than 18 years (print) _____

Participants or gaurdians signature _____ Date _____

Your Information - please fill out for all trips and classes

Your home address _____

Your phone number _____

Name of emergency contact person _____ Phone _____

Please describe any medical conditions that could affect you/others while participating in this event:

Do you have any allergies? Y/N If "Yes", To what are you allergic and what medicine, if any, do you carry for it?

Please list any other medications that you are currently taking that could affect you mentally or physically while a part of this event.

What is a Fun Fact about you? _____

Fill out this bottom section only if you are with us on an overnight trip

Height _____ Weight _____ Age _____ Fitness level _____

What fitness activities are you currently involved in? _____

First Aid/lifesaving experience? _____

Do you have any dietary restrictions, allergies, or other considerations? _____

Do you have any concerns, either medically or otherwise regarding what you will be asked to do during your trip, or regarding anything else? Have you had any changes to your lifestyle lately that could affect your performance mentally, physically, or emotionally while on this trip?
