

# Acadia Mountain Guides Climbing School

## ACKNOWLEDGEMENT OF RISK

### For National Park Services Areas

In consideration of the services of Acadia Mountain Guides, Inc. (dba Acadia Mountain Guides Climbing School and Alpenglow Adventure Sports), their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "AMG"), I agree as follows:

1. I acknowledge that hiking, camping, backpacking, rock climbing, ice climbing, and mountaineering entail known and unanticipated risks that 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.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; being struck by rock fall, icefall, or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes, and avalanche; the risks of falling off the rock or mountain; the risks of exposure to insect bites; the risks of altitude and cold including frostbite and hypothermia; and my own physical condition and the physical exertion associated with this activity.

Furthermore, AMG employees 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 or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might fail or malfunction.

2. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

4. In the event that I file a lawsuit against AMG, I agree to do so solely in the state of Maine, and I further agree that the substantive law of Maine shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**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.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Signature of Parent of Guardian, if participant is under 18 years of age

In consideration of \_\_\_\_\_ (Minor) being permitted by AMG to participate in its activities and to use its equipment and facilities, I agree that I have had sufficient opportunity to read this document. I have read and understood it, and I agree to be bound by its terms.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### CONSENT FOR PHOTOGRAPHS AND VIDEO

I authorize and release to Acadia Mountain Guides, Inc the use of my image in any photograph or video recording for any purpose of Acadia Mountain Guides, Inc.

Participant Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

**Acadia Mountain Guides Climbing School – Non NPS FORM  
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Acadia Mountain Guides, Inc. (dba Acadia Mountain Guides Climbing School and Alpenglow Adventure Sports), their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "AMG"), I hereby agree to release, indemnify, and discharge AMG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, challenge activities, backpacking, rock climbing, ice climbing and mountaineering entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls: being struck by rock fall, icefall, or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes, and avalanche; the risks of falling off the rock or mountain; the risks of exposure to insect bites; the risks of altitude and cold including frostbite and hypothermia; my own physical condition, and the physical exertion associated with this activity.

Furthermore, AMG employees 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 or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

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 AMG 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 AMG's equipment or facilities, including any such claims which allege negligent acts or omissions of AMG.

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent of Guardian, if participant is under 18 years of age**

In consideration of \_\_\_\_\_ (Minor) being permitted by AMG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AMG 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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR PHOTOGRAPHS AND VIDEO** - I authorize and release to Acadia Mountain Guides, Inc the use of my image in any photograph or video recording for any purpose of Acadia Mountain Guides, Inc.

Participant Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

# Acadia Mountain Guides Climbing School

## HEALTH STATEMENT AND EMERGENCY CONTACT

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

Program Type: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Organization Name (if coming as part of an organized group or camp): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent / Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if different than above)

Address (if different than above): \_\_\_\_\_

### HEALTH STATEMENT

This trip / activity involves participation in outdoor activities which are, by their nature, physically and mentally demanding. Therefore all participants must be free of medical or physical conditions which might create undue risk to themselves or to others who depend on them. If there is any doubt whatsoever about your ability to safely participate in this activity, you should have a physical examination by a physician. Acadia Mountain Guides, Inc may also require a physician's consent as a precondition for participation. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated rigors of this program.

### CONSENT TO TREATMENT

I hereby consent to any hospital care or medical or surgical diagnosis or first aid activities with Acadia Mountain Guides, Inc and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity. I also understand and agree that I am solely responsible for all appropriate charges for such services and that and its agents are under no duty to provide any first aid or medical treatment in any event. My signature indicates that I have read and understand the above.

### CONSENT TO TREATMENT OF MINOR

I authorize Acadia Mountain Guides, Inc personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, Acadia Mountain Guides, Inc shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

1. Do you have any physical disabilities, conditions, past injuries or any other physical limitations that you have which could effect your participation in any way?  No  Yes (please explain)

2. Do you have any pertinent allergies or medications?  No  Yes (please explain)

3. Do you have any dietary restrictions?  No  Yes (please explain)

4. Describe your current physical fitness and level of activity:

5. Do you carry any medical insurance?  No  Yes ( please name provider)

Participant Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

# Acadia Mountain Guides Climbing School CAMPER SUPPLEMENTAL HEALTH RECORD

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Immunization Recommendations: Please provide the month and year for each immunization or attach a separate record.

	Dose 1	Dose 2	Dose 3	Dose 4	Provider
Diphtheria, Pertussis, Tetanus					
DPT Booster (w/in 5 years)					
Meningococcal Vaccine					
Pneumococcal Vaccine					
Measles, Mumps, Rubella					
Polio Virus					
Hepatitis A					
Hepatitis B					
Varicella					
Hemophilus B Influenza					

Please check all that apply. Describe below or attach a separate note to describe any condition that requires special attention by the health care team at camp. This information will be shared with appropriate staff members. A physical may be required by Acadia Mountain Guides, Inc.

- This camper has no chronic health concerns.
- This camper has the following chronic health concerns:
  - Headaches
  - Seizure Condition
  - Heart Murmur
  - Diabetes
  - Condition  Other (please describe)
  - Bedwetting
  - Asthma (attach action plan)
  - Sleepwalking
  - Frequent Colds / Infections
  - Lactose Intolerance
  - Knee, Ankle or Back problems
  - Eczema / Hives or Other Skin

This camper has been diagnosed with Attention Deficit Disorder (ADD) or (ADHD)?  Yes  No

Has this camper been diagnosed with any other specific mental health concern? (i.e. depression, OCD, panic/anxiety disorder). Describe:  Yes  No

This camper has seen or is currently seeing a professional to address a diagnosed mental health concern? If yes, please explain briefly.  Yes  No

This camper has a recent emotional health concern. If yes, please explain briefly.  Yes  No

**MEDICATIONS** Please list all prescription medications that your child will be taking while at camp.

Medication	Dose	Frequency	Time(s) to be given	w or w/o food
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**OVER THE COUNTER MEDICATIONS**

Acadia Mountain Guides, Inc. stocks many over-the-counter (OTC) medications in tablet, chewable and liquid form. You do not need to send OTC meds to camp. Unless specifically indicated, we will administer OTC meds from our stock. If there are any OTC medications that your son absolutely should not have, for example, due to allergy or prescription drug interaction, please list those medications below: