

YMCA of Central New Mexico Challenge Course Participation
Agreement to Participate, Including Assumption of Risks and Agreements of Release and Indemnity

In consideration of being allowed to participate in this challenge course, organized and conducted by YMCA of Central New Mexico, I acknowledge and agree as follows:

The activities in which I will be participating includes instruction and moderate to strong physical exertion on low and high elements, including a network of swings, cables, ropes and platforms, as high as 50 feet off the ground, over and on which I may walk, swing, and otherwise move with or without the assistance of other persons. These activities include exposure to the natural elements, which may include heat, extreme cold, high altitude, snow, sleet, and rain; close personal contact, including the possibility of unwelcome touching, and dependence on other participants and staff; incidents may occur in remote places which may be several hours from medical facilities, and incidents may result from the carelessness of other participants and staff, as well as the failure of equipment and structures. These risks and hazards are inherent in the activities and the environment in which they are conducted, and they cannot be eliminated without significantly changing the nature of the activities.

I understand that these hazards and risks may result in loss or damage to personal property, and emotional and other personal injuries, including falls, abrasions, sprains, breaks, and in extreme cases, death.

I represent that I have no medical or emotional condition which may adversely affect my participation in these activities, or which may cause me to be a danger to myself or others. I have listed on the health history form provided by YMCA of Central New Mexico any and all medical conditions which I believe should be brought to the attention of YMCA of Central New Mexico. I understand that it is my responsibility, and mine only, to determine my suitability, medical or otherwise, for participation in these activities.

Acknowledgement and Assumption of All Risks

I acknowledge and assume all risks of the program, its activities and the environment in which it is conducted, whether or not those risks are inherent, and whether or not they are described above.

Agreements of Release and Indemnity

I agree to release and hold harmless the YMCA of Central New Mexico, its directors, officers, employees, agents, and contractors from any and all claims which I now have or may acquire in the future, including claims of negligence but not claims of gross negligence or intentionally wrongful conduct, as a result of or arising from my enrollment or participation in the program.

I further agree to protect and indemnify (that is, defend and pay any judgment and costs, including attorney's fees) YMCA of Central New Mexico and the other released parties from any claim, including claims of negligence of third parties, including rescuers, other participants in the activities of YMCA of Central New Mexico, and members of my family, arising from my enrollment or participation in the program.

Other

I agree to reimburse or pay any and all costs of YMCA of Central New Mexico or any other released party associated with defending a claim brought by me or anyone on my behalf, to the extent that claim is dismissed or otherwise found to be without merit.

In the event of a dispute between me and YMCA of Central New Mexico or any released party, I agree to engage in good faith efforts to mediate that dispute. Unless otherwise agreed in writing, any mediation or suit may be conducted or filed only in New Mexico, and the laws of the State of New Mexico will apply to any such dispute, excepting only the laws of the State of New Mexico which may apply to laws of another jurisdiction.

I authorize YMCA of Central New Mexico to provide or obtain medical care for me in the event of an incident requiring medical attention, and I further authorize YMCA of Central New Mexico to exchange with any third-party medical care giver such information regarding my medical history or condition as may be deemed important to either of them.

I agree that I will not consume or be under the influence of any chemical substance, including alcohol, during the program. I further understand that the activity and all aspects of it are purely voluntary and I may choose not to participate. I agree that I will follow all safety instructions. I agree to allow the YMCA of Central New Mexico to use photographic or other images of me for marketing or any other purpose deemed reasonable by the YMCA of Central New Mexico.

Should any part of this agreement be deemed not enforceable by a Court of competent authority, the remainder of the agreement shall nevertheless remain in full force and effect.

Name of Participant

Signature of Participant (or parent/guardian if under 18)

Date

Witness

Date

YMCA of Central New Mexico
Health Statement

The proposed activity provided by YMCA of Central New Mexico requires participation in physical exercises which are, by their nature, demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

NAME _____ BIRTH DATE _____

ADDRESS _____ GENDER _____

CITY, STATE, ZIP _____ AGE _____

WORK PHONE _____ HOME PHONE _____ SS# _____

NAME OF PHYSICIAN _____ DATE OF LAST PHYSICAL EXAM _____

IN AN EMERGENCY NOTIFY _____

HOME ADDRESS _____ HOME PHONE _____

CITY, STATE, ZIP _____ WORK PHONE _____

HEALTH HISTORY: (Circle the appropriate answers and describe any **YES** answers.)

HAVE YOU HAD OR DO YOU CURRENTLY HAVE ANY HEART PROBLEMS:

(DATES) _____

DO YOU FREQUENTLY SUFFER FROM PAINS IN YOUR CHEST: _____

DO YOU OFTEN FEEL FAINT OR HAVE SPELLS OF DIZZINESS: _____

HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE: _____

ARE YOU A SMOKER: _____

(NOTE: If you have had any heart related problems you will need to have a release form from a doctor to go through a high elements program.)

DO YOU HAVE ARTHRITIS, JOINT, OR BACK PROBLEMS THAT MIGHT BE AGGRAVATED

BY EXERCISE: _____

HAVE YOU HAD ANY OPERATIONS OR SERIOUS INJURIES (DATES): _____

DO YOU HAVE DISABILITIES OR CHRONIC RECURRING ILLNESS: _____

ARE THERE ANY ACTIVITIES TO BE LIMITED/DISCOURAGED BY PHYSICIANS ADVICE: _____