



6. Have you had a recent injury, illness, or operation? Yes \_\_\_ No \_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any diabetes, seizures, frequent fainting/ dizziness?  
Yes \_\_\_ No \_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Do you have neck, back, or shoulder pain or injury?  
Yes \_\_\_ No \_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Do you have a history of heart problems? Yes \_\_\_ No \_\_\_
10. Do you have a history of high blood pressure? Yes \_\_\_ No \_\_\_

**Due to the physical and emotional demands involved. Those with medical concerns, including pregnancy, a history of medical concerns, or questions, it is advised you check with your physician before attempting to participate in Challenge Course activities.**

**I have read the CRC Health Form and fully understand them without question. The information I provided is accurate to the best of my knowledge.**

**Participants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK  
CHALLENGE ROPES COURSE**

I, the undersigned wish to use the facilities of the Challenge Ropes Course located in the Town of Lafayette. I am fully aware of and appreciate the risks including, but not limited to, the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in the Challenge Ropes Course activity. Further, I understand that activities including climbing and other activities at considerable height above the ground. I hereby expressly assume all the risks, which could occur, by reason of my participation in this activity.

Further, I, the undersigned, my heirs, executors, representatives or assigns hereby agree to release the Town of LaFayette and the instructors of said course, their heirs or representatives, from any and all liability, claims or causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by me or my property during or related to my presence at the facilities or my participation in this activity, from any cause whatsoever including, but not limited to, any negligence by the Town of LaFayette or the instructors of said course, their employees, assistants, agents, representatives, agents, et al.

In consideration of permitting my voluntary participation in the Challenge Ropes Course activities, for myself and/or participating minor child/children of mine, our heirs, assigns and next of kin, I agree to hold harmless and indemnify the Town of LaFayette and the instructors, their assistants, employees, representatives or agents, et al. from any and all liability, claims, demands, causes of action, costs, expenses, including attorney's fees, which are related to, arise out of, or are in any way connected with participation in this activity by me or someone from my family.

Finally, if I have any children who use the above mentioned course, as legal guardian or parent, I hereby acknowledge and fully understand the above representations, conditions, Assumption of Risk and Release and accept all the above on behalf of said children. The Town of LaFayette and/or instructors, assistants, employees, or representatives will not be liable for any injury, death, loss or damages relating in any way to my child/children's participation in this activity or presence at the property.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it and that I understand it effects legal rights. I agree to bond by its terms.

**DATE:** \_\_\_\_\_

***SIGNATURE OF PARTICIPANT***

\_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**IF UNDER 18  
SIGNATURE OF PARENT/GUARDIAN**