



**PLEASE MAKE A COPY OF THIS FORM, AND HAVE EACH PERSON ENROLLED IN THE FOLLOWING ACTIVITIES READ AND SIGN THIS WAIVER.**

**Please bring your group's signed waivers to the Programs Office when you check in, or to your first scheduled activity.**

**The following activities require a signed waiver:**

- Climbing Wall
- Dog Sledding
- High Ropes Challenge Course
- Sledding, tubing, ice skating
- Zip Line/Low Ropes Course

**If you have questions, please contact: Mary Ann Degginger, Program Director, mdegginger@ymcarockies.org**

**CONTACT INFORMATION**

**Telephone**

970-887-2152 x4135

**E-mail**

Mary Ann Degginger,  
Program Director  
mdegginger@ymcarockies.org

Rae Fehl, Programs Administrator  
rfehl@ymcarockies.org  
970-887-2152 x4138

**PLEASE READ BEFORE SIGNING**

There are risks involved in this activity and/or these activities. You need not participate. It is your choice whether you participate in this activity or these activities and to what level. Our philosophy is "Challenge By Choice," which means you select the degree of challenge (if any) to which you will be exposed. However, in order for you to participate at any level in this activity or these activities you must sign this document, and your signature forever waives your right to sue the YMCA of the Rockies (and its directors, staff, employees and other contracted parties) for any injury (or death) you may suffer arising out of your participation in this activity or these activities.

**ACKNOWLEDGEMENT OF RISK**

I acknowledge that there are risks and hazards in any of the activities in which I have chosen to participate. These risks include, but are not limited to: physical injury, trauma, emotional injury, death, and property damage. These hazards include but are not limited to: Falling from a height of up to 50 feet (climbing wall and high challenge course only); equipment failure; interference from other activities in the vicinity; high altitude (above 8,000 feet); and rigorous physical activity and exhaustion. Risks for tubing include but are not limited to: falling out of the tube; traveling at various rates of speed; collisions with other tubes, tubers, or spectators; collisions with man-made objects such as fencing, collisions with natural objects, collisions with associated equipment, variations in terrain and steepness of terrain, varying surface conditions, slippery walking surfaces, and the use of the tubing lifts.

The activity or activities in which I have chosen to participate may include intense physical challenges which aggravated by high altitude conditions, may place unusual demands on my bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards I may encounter, and that I may encounter unforeseen situations.

**PROTECTIVE HEADGEAR**

I acknowledge that protective headgear (helmets) are available and it is my choice to wear that headgear while tubing. \_\_\_\_\_ (INITIALS REQUIRED)

**CERTIFICATION OF FITNESS**

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity or these activities. **However, I understand that it is solely my responsibility to determine whether there is any medical reason, including personal or family history of cardiac disease or any other medical condition, which would prohibit me from participating.**

**WAIVER OF LIABILITY**

In order to participate in the activity or activities listed above, I forever waive my right to sue the YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any injury (including death) I may suffer arising out of my participation in this activity or these activities. I understand that by signing this document all liability of the YMCA (including its directors, staff, employees, and other contracted parties) to myself for any injuries (including death) I may suffer arising out of my participation in the activity or activities listed above will be forever extinguished.

**I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.**

Group Name: \_\_\_\_\_

Name of Participant (please print): \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**IN THE CASE OF EMERGENCY PLEASE CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**QUESTIONS? Please contact the Program Director at 970-887-2152 x4130.**