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Acknowledgment of Participant Responsibility, Express Assumption of Risk, and Release of Liability

I understand that during my participation in this GO-Adventures Adventure Program ("Program"), I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each program and cannot be eliminated without destroying the unique character of the Program.

In consideration for my acceptance as a participant in this Program, and the services and amenities to be provided by GO-Adventures in connection with the Program, I confirm my understanding that:

- I understand any Rules and Conditions applicable to the Program made available to me, and I acknowledge my participation is at the discretion of the leader.
The Program officially begins and ends at the location(s) designated by GO-Adventures.
If I decide to leave early and not to complete the Program as planned, I assume all risks inherent in my decision to leave and waive all liability against GO-Adventures arising from that decision.
If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
I agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY GO-Adventures, its officers, directors, employees, agents, and leaders from all liability on account of, or in any way resulting from Injuries and Damages not caused by the negligence of GO-Adventures personnel while I am a participant in the Program.

Name: Date:

Signature:

If you are a minor (under age 18), your parent or legal guardian must sign this Agreement on your behalf.

I hereby agree and consent to the foregoing Agreement on behalf of the minor below.

Name: Age: Date: (Please Print)

Signature of Parent or Guardian:

Medical History Form-Page 2

Prior conditioning is strongly recommended. During all of our Programs, clients are expected to take personal responsibility for their own safety.

Please consider the statements below carefully as you complete this Medical History Form. Withholding knowledge of previous Medical conditions may adversely affect the safety of every member of the group.

Name _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Who to Contact in Case of Emergency

Name _____ Phone _____

Please list any current or past medical conditions that may be affected or aggravated by your participation in a **GO-Adventures** Program, including:

Cardiac/Respiratory Problems, Diabetes, Neurological Problems, Musculoskeletal Injuries, Etc...

Are you allergic to any plants, animals, insects, foods or medications?

Is there any physical reason that might prevent you from full participation in your adventure activity?

I understand and acknowledge that **GO-Adventures** is not making a determination of my fitness for a Program; rather, I represent to **GO-Adventures** and verify that I am physically fit and ready for a Program by placing my initials here:

Please initial here _____

Verification of Accuracy and Full Disclosure

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and to others during a Program. I represent and warrant that I have provided all material and important information pertaining to my medical, mental and physical condition in view of my participation. I agree to notify the **GO-Adventures** Lead Instructor if there is any change in my mental, physical or medical condition prior to my scheduled activity.

Please initial here _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my participation in a **GO-Adventures** Program.

Please initial here _____