

CROSS BEARING ADVENTURES, LLC
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Cross Bearing Adventures, LLC, their agents, owners, officers, volunteers, participants, Personnel, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CBA"), I hereby agree to release, indemnify, and discharge CBA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in challenge course activities, guided rock climbing, rope course, and zip line activities 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 simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: challenge course programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in ropes course activities and its potential for: slips and falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening injuries; the use of ropes, harnesses, and other equipment; the forces of nature, including lightning and rapid weather changes; the risk of falling from significant heights, standing or walking near slopes and steep cliffs; the hazards of walking on uneven terrain; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; my own physical condition, and the physical exertion associated with this activity.

Furthermore, CBA personnel 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 CBA 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 CBA's equipment or facilities, **including any such claims which allege negligent acts or omissions of CBA.**
4. Should CBA 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 CBA, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state 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 CBA on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at CBA.

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.

Signature of Participant _____ Print Name _____

Address _____ Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
("Minor") being permitted by CBA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CBA 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.

Parent or Guardian: _____ Print Name: _____ Date: _____

(PRINT SEPARATELY) *Group Name: _____ *Date of Event: _____

La Foret Conference and Retreat Center High/Low Ropes/Challenge Course Participation

All reasonable precautions have been taken to assure our offered programs are as safe as possible; however, the Ropes Course is not without risks. I understand that the level of participation in the Ropes Course program is at all times voluntary and up to the individual's choice. I recognize the inherent risk of injury that could result from these activities. On behalf of myself and or my child, I hereby voluntarily release and discharge La Foret Conference and Retreat Center and it's employees from any liability of personal injury, wrongful death, property damages or other loss, including medical and other expenses, that I or my child may suffer and incur as a result of the use of or participation in the Ropes Course or any activity incidental thereto even if the injury, death, damage or other loss is caused by negligent or careless acts or omissions of La Foret, including but not limited to erroneous instruction, inadequate supervision, or malfunction or other breakdown of equipment. This release does not extend to any willful and wanton act or a reckless act of omission.

Participant name (printed): _____ Age: _____ *Weight: _____

High elements have a weight limit of 250 lbs (only weight exception: highly athletic individuals capable of self-assistance).

Best form of contact #: () - _____ Alternate #: () - _____

Emergency Contact Person:	Phone:
Name of Primary Care Provider:	Phone:
Health Insurance:	Policy #:

***Medical information:** All medical information is confidential and used only by La Foret Conference and Retreat Center staff working with the participant on the Ropes Course program. It will not be made available to any other individual or organization, unless in case of a medical emergency.

1) List all **SERIOUS** allergies that we should be aware of incase reaction occurs (bites, plants, etc.):

2) Participant has a *prescribed **Epi-pen** or **Inhaler** (circle if applicable)? Other:

**If an Epi-pen an inhaler or any other necessary medication is prescribed, it is the participant's responsibility to have it accessible to them while participating in ropes and challenge course activities.*

3) Please circle and explain all that apply: Heart/Respiratory Conditions, Back Injuries, Recent surgery
explain:

4) Limitations; Physical, Mental, or Sensory: _____

5) Please describe &/or list any other medical concerns:

6) La Foret Staff have my permission to seek and/or administer emergency care for the participant in the event that:
a) The health and well-being of the participant involved is jeopardized, b) The participant or parent/guardian is unable to respond or cannot be reached; c) Due to the nature of the emergency, there is insufficient time ability to contact the parent/guardian.

8) I am the acting participant or responsible party and have read this section carefully; **Initials: _____

Participant Signature: _____ **Date:** _____

**Below must be signed by a Parent, Guardian (or the medically responsible party) for participants under the age of 18.*

Parents/Guardian Release and Consent Agreement: I confirm that I am the parent/guardian/legal custodian/legal representative of (name of participant) _____. I hereby give consent for my underage child to participate in the High/Low Rope/Challenge Course activities at La Foret. I have read and understand this Parental Release and Consent Agreement and agree to be bound by it.

Signature of Parents/Guardians*: _____ Contact # during event: () - _____

PHOTO RELEASE:

I hereby grant La Foret Conference & Retreat Center and/or Inner Limit Adventures, LLC. to take photographs or videos of myself (or my child) while participating on the challenge course/ teambuilding for promotional purposes only.

Signature: _____ Date: _____

(Parent/Guardian must sign if participant is under age 18)

