

**Snow Fun Department**  
**Assumption of Risk and Waiver for ADULT**  
**Participants**



Group Name: \_\_\_\_\_ Participation Dates: \_\_\_\_\_  
Activities: \_\_\_\_\_

**Please be aware that there are significant risks associated with any outdoor adventures and activities. Although we have taken reasonable steps to provide you with appropriate equipment and/ or skilled instructors it is impossible to eliminate all risks and dangers. Certain risks cannot be eliminated without destroying the unique character of the activity. Other risks are inherent in all activities. Thus before signing carefully read the statements below. Do not sign unless you understand that there is a risk of injury and even death, that you are assuming sole responsibility in the event of an injury or death, and you are releasing Snow College from all responsibility.**

I \_\_\_\_\_ (print participant's name) understand that the Snow College Fun Department activity I intend to participate in involves certain risks and dangers for which I assume responsibility by participating by my own choice and voluntarily. These risks and dangers include, but are not limited to, falls, falling rocks, equipment failure, operator or instructor error, any 'act of nature' including cold or hot weather related injuries and variable weather conditions, actions of others, and risks inherent in the activity that cannot be reasonably eliminated. I understand injuries that may result from my participation in any activities associated with this program or activity could include, but are not limited to: cuts, burns, bruises, sprained joints, broken bones, psychological trauma, infection and death.

I agree to assume responsibility for all risks including those risks not specifically identified. My participation in this activity is purely voluntary. I hereby waive all claims and release Snow College, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participation in activities at Snow College including harms that occur due to Snow College's negligence.

I elect to participate in spite of the risks and state that I am physically and mentally capable of participating in the activity and/or safely using the equipment. I agree to notify the program staff if I have any medical condition that may restrict my participation in any way during the program or if I need reasonable accommodations.

I agree that I will listen and comply with the instructions of any instructors or Snow College personnel. I will use all provided safety equipment.

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred in my behalf.

**I certify that I have read this entire document, understand it completely, understand that it affects my legal rights, understand that I have waived and release my rights in the event of an injury, and agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in Ink)

**Medical Treatment Consent Form**

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I consent to any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician such treatment is necessary.

Emergency Contact Person \_\_\_\_\_  
Day Phone# \_\_\_\_\_ Evening Phone # \_\_\_\_\_

**\*This form must be presented by participant to a Snow Fun Host in exchange for a Snow Fun wristband at kick-off or upon arrival at the Ropes Course for you to participate. No Exceptions!**