

Acadia Mountain Guides Climbing School

ACKNOWLEDGEMENT OF RISK

For Acadia National Park and NPS Areas

Participant Last Name: _____ First Name: _____ Age: ____ Birthdate: _____

Organization Name (if coming as part of an organized group or camp): _____

In consideration of the services of Acadia Mountain Guides, Inc. (dba Acadia Mountain Guides Climbing School and Alpenglow Adventure Sports), their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "AMG"), I agree as follows:

1. I acknowledge that hiking, camping, backpacking, rock climbing, ice climbing and mountaineering 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: the hazards of walking on uneven terrain and slips and falls: being struck by rockfall, icefall, or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes, and avalanche; the risks of falling off the rock or mountain; the risks of exposure to insect bites; the risks of altitude and cold including frostbite and hypothermia; my own physical condition, and the physical exertion associated with this activity.

Furthermore, AMG employees 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 fail or malfunction.

2. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

5. In the event that I file a lawsuit against AMG, I agree to do so solely in the state of Maine and I further agree that the substantive law of Maine 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.

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.

Print Name: _____ Signature: _____ Date: _____

Signature of Parent of Guardian, if participant is under 18 years of age

In consideration of _____ (Minor) being permitted by AMG to participate in its activities and to use its equipment and facilities, I agree that I have had sufficient opportunity to read this document. I have read and understood it, and I agree to be bound by its terms.

Print Name: _____ Signature: _____ Date: _____

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HEALTH STATEMENT AND EMERGENCY CONTACT – NPS AREAS

Program Type: _____ Group Name: _____ Program Date: _____

Participant Last Name: _____ **First Name:** _____ **Age:** _____ **Birthdate:** _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Phone #: _____ Email: _____ Today's Date: _____

Parent / Guardian Last Name: _____ **First Name:** _____ **Phone:** _____
(if different than above)

Address (if different than above): _____

Emergency Contact Last Name: _____ **First Name:** _____ **Phone:** _____
(if different than above)

Address (if different than above): _____

HEALTH STATEMENT

This trip / activity involves participation in outdoor activities which are, by their nature, physically and mentally demanding. Therefore all participants must be free of medical or physical conditions which might create undue risk to themselves or to others who depend on them. If there is any doubt whatsoever about your ability to safely participate in this activity, you should have a physical examination by a physician. We may also require a physician's consent as a precondition for participation. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated rigors of this program. My signature indicates that I have read and understand the above.

1. Do you have any physical disabilities, conditions, past injuries or any other physical limitations that you have which could effect your participation in any way? No Yes (please explain)

2. Do you have any pertinent allergies or medications? No Yes (please explain)

3. Do you have any dietary restrictions? No Yes (please explain)

4. Describe your current physical fitness and level of activity:

5. Do you carry any medical insurance? No Yes (please name provider)

Participant Signature: _____ Parent/Guardian: _____

CONSENT FOR PHOTOGRAPHS, VIDEOTAPE AND FILM

I hereby authorize and give full consent to Acadia Mountain Guides, Inc. to copyright or publish all photographs, videotapes, voice recordings and film in which I, the undersigned, appear. Further, I agree that Acadia Mountain Guides, Inc. may transfer, use or cause to be used these photographs, videotapes, voice recordings, and film for any and all exhibitions, websites, public displays, publications, commercial, art and advertising purposes, and television programs without limitations or reservations.

Participant Signature: _____ Parent/Guardian: _____