



# **CAROLINA ADVENTURE GUIDES**

[www.carolinaadventureguides.com](http://www.carolinaadventureguides.com) 704-728-2716

Please read through carefully before signing. If you have any questions about this document please call, email or write to the address at the bottom of each page or talk to your guide on the day before signing or taking part in the activity.

Participants Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

In consideration of being allowed to participate in any way in the CAROLINA ADVENTURE GUIDES program, its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

Participants Name

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation, the following describes some, BUT NOT ALL, of the Risks: Rock fall; Icefall; Avalanches; Electrical Storms; Mountain Storms; Snow; Ice; Rain; Hail; Sleet; Lightning; Falling; Objects falling from above; Unstable or Loose Rock, Snow, Ice, Talus, Scree, Boulders, and/or other Terrain; Slippery Terrain; Extreme Cold and Hot Temperatures; Dehydration; Wind; Failure of Mountaineering Equipment despite reasonable care and use; Injury from Mountaineering Equipment despite reasonable care and use; Careless or Reckless Behavior on the part of other members of the group despite reasonable supervision; Guide Error; and Careless or Reckless behavior on the part of third parties; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE, INDEMNIFY, AND HOLD HARMLESS FMG, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence

or participation,  
WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **Age:** \_\_\_\_ **Date Signed:** \_\_\_\_\_

(See Below If Under 18)

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that, I as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child, and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to minor child's involvement of participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Age:** \_\_\_\_ **Date Signed:** \_\_\_\_\_

**MEDICAL HISTORY FORM**

**Participants Name:** \_\_\_\_\_ **Age:** \_\_\_\_

**Do you have, or have you had a history of:**

<b>Asthma</b>	<b>YES</b>	<b>NO</b>		
<b>Anaphylaxis/Allergies (including allergies to medications)</b>			<b>YES</b>	<b>NO</b>
<b>Diabetes</b>	<b>YES</b>	<b>NO</b>		
<b>Heart Disease</b>	<b>YES</b>	<b>NO</b>		
<b>Seizures</b>	<b>YES</b>	<b>NO</b>		

If you answered yes to any of the above detail how long have you had the condition and how well is it under control?

**Do you have any other medical or physical conditions that might affect your ability to fully participate in the program/activity you have registered for?**      **YES**                      **NO**

If you checked yes above detail below:

Our employees are not qualified to evaluate medical conditions. If you have any condition, illness or injury, or if you are taking any medication which might be of concern we strongly recommend that you obtain medical advice from a qualified physician prior to participation on any program with Fox Mountain Guides and Climbing School.

**NOTE: IF YOU DO NOT FULLY UNDERSTAND ANY OF THE ABOVE QUESTIONS OR STATEMENTS TALK TO YOUR CAROLINA ADVENTURE GUIDE PRIOR TO THE PARTICIPATION OF THE EVENT.**

**PERMISSION TO USE PHOTOGRAPH**

I grant Carolina Adventure Guides its representatives and employees the right to take photographs of me while participating on the program with Carolina Adventure Guides. I authorize Carolina Adventure Guides its assigns and transferees to copyright, use and publish my image in print and/or electronically. I agree the Carolina Adventure Guides may use such photographs of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read, understood and agree to the above:

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **Age:** \_\_\_\_ **Date Signed:**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Age:** \_\_\_\_ **Date Signed:**

\_\_\_\_\_