



Release from responsibility, assumption of risk, waiver

The Challenge Course at BHC, a program of the Eastern Idaho Regional Medical Center (EIRMC), has been constructed and inspected by Adventure Education, LLC according to nationally recognized industry standards and is annually inspected and maintained by professionals according to industry standards. The course is facilitated by trained instructors.

The Challenge Course program at BHC uses a variety of activities including warm-up activities, games, team building initiatives, and low and high ropes course elements. While some of these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health. Participation in this program will be both mentally and physically demanding and participants will be called on to support each other both physically and emotionally.

Challenge by Choice

I, _____, intend to participate in Experiential Education and Challenge Course activities provided by EIRMC. Participation is encouraged, but the decision to participate in each activity is ultimately up to each participant. The BHC Challenge Course utilizes a "Challenge by Choice" concept. I understand as it has been explained to me that I will have the opportunity and right to choose to not participate in any or all of the activities. I understand that if I choose to not participate that I must simply express my desire to not participate in the designated activity. Once I have started an activity I also have the option to declare that I would like to discontinue my participation in the activity and I will be assisted to discontinue the activity by the staff in a manner which will be safe for myself and the other participants.

To minimize the potential for accidents I agree to follow all of the instructions by the facilitating staff to the best of my abilities. I will exercise all precautions and safety measures per the instructions and I will be take steps to keep myself and other participants as safe as possible. I will also ask questions and clarify any directions which I may not fully understand and will discuss any issues regarding safe participation which I may identify.

Assumption of Risk

I exercise my own free choice to participate voluntarily and promise to take due care during such participation. I acknowledge that during my participation certain risks and dangers do exist. These include but are not limited to bruises, scrapes, splinters, sunburn, strained joints, pulled muscles, dismemberment and death. In consideration of these activities and environment, I have, and do hereby assume all risks associated with participation at the Challenge Course at BHC and I covenant and agree to indemnify and save harmless EIRMC and its respective successors, assigns, officers, agents and employees from, against and with respect to any and all claims, losses, liabilities, litigation expenses and attorney's fees, demands, debts, suits and controversies of any kind or character whatsoever that have accrued or may accrue, arising from my participation in the Challenge Course program. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family.

I acknowledge that I have been informed of the hazards and risks which may be associated with my participation in the Challenge Course activities; I understand, accept and assume those hazards and risks and waive all claims against Eastern Idaho Regional Medical Center and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damages sustained through my participation in normal or unusual acts associated with the Challenge Course at BHC.

I fully understand that my participation in activities at the Challenge Course at BHC involves risks of injury and my participation in any program is voluntary. I give my permission for Eastern Idaho Regional Medical Center to obtain medical attention for me in the event that it is necessary.

The information I have provided on this form is current, factual, and complete.

I have had sufficient time to review and seek explanation of the provisions contained above and have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to the Release, Assumption of Risk, Waiver.

Participant's printed name

Participant Signature

Participant's Address

Emergency Contact

Parent or Guardian printed name if you are under 18

Parent or Guardian Signature

_____ You have my permission to treat my child in case of a non life-threatening injury, without my presence.
(initial)

