



Assumption of Risk and Release of Liability Form

READ BEFORE SIGNING

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 skill, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. I knowingly Agree to 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: in rock climbing, wall climbing, rafting, canoeing, team building games, caving, hiking, riding in Double K Adventures (herein known as DK) or private vehicles to or from DK activities or during DK activities.
3. Possible injuries may be but are not limited to: lightning, abrasions or cuts from falling down, falling into someone else or their falling into me, insect bites or stings, reactions to plants, foods, bacteria, waterborne parasites or pollutants, wild animals or reptiles, or purchased products, ropes or boats getting cut, flipped by waves, rocks, logs, high water or low water or by equipment failure, falling rocks, trees or other objects, sharp rocks or pieces of wood or metal, forces applied against my body with blunt force, heat injuries from the sun, stoves, hot liquids or food, or cold injuries from natural or unnatural causes such as falling out of a raft, inadequate clothing or thermal protection, negligence of fellow participants, or attempts made to help me resulting in injury or death, past or present, known or unknown medical history that would preclude my participation in one or more of these activities. Possible injuries could arise from anchor, rope or other system failures, from walking in the water or on the river bank or from my failing to follow instructions, warnings or training(s) or willful acts to injure myself or be disobedient or others causes not mentioned. I understand DK does not carry satellite phones or radios and cellular service is rarely available in some areas and that immediate communication with advanced medical personnel and/or government authorities is rarely possible.
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If 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 DK staff immediately;
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Double K Adventures, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used for the activity ("Releasees"), 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.
6. I furthermore give DK permission to use photographs of me participating in the activities. I also empower them to remove me, or my minor child, from a program at my own expense if my behavior, or my child's, compromises safety, or is determined to be detrimental, by the staff, to the purposes of the program.

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

Name (print): _____ Signature _____ Date: _____

Group you're with: _____ Phone: _____ email: _____

* If participant is under the age of 18, a parent or guardian must sign:

Parent Signature: _____ Date: _____



PARTICIPANT NAME *print* _____ **AGE** _____

Address _____ Male Female

City _____ State _____ Zip _____

IN CASE OF EMERGENCY, CALL:

NAME (#1) _____ Relationship _____

Day Phone _____ Night Phone _____ Cellular Phone _____

NAME (#2) _____ Relationship _____

Day Phone _____ Night Phone _____ Cellular Phone _____

Doctor's Name _____ Doctor's Phone _____

Insurance Co. _____ Insurance ID# _____

We/I give our/my consent to Double K to authorize emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery and the administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is necessary for the mental or physical health of the participant and we/I cannot be reached within a reasonable time to obtain our consent to treatment. We/I either have appropriate insurance or, in its absence, agree to pay all the costs of rescue and/or medical services as may be incurred on my/our behalf.

Participant Signature _____ Date _____

Parent / Guardian Signature (if participant is under 18 years old)

_____ Date _____

Medical History:

Have you had, or do you currently have: (*Circle Yes or No*)

- 1. Heart Problems YES NO
- 2. Allergies (Bees, Drugs, etc.) YES NO
- 3. Low or high blood pressure YES NO
- 4. Dizziness, recurrent headaches, fainting YES NO
- 5. Diabetes YES NO
- 6. Lung problems or asthma (carry inhaler?) YES NO
- 7. Back problems YES NO
- 8. Any known phobias YES NO
- 9. Any known diseases or illness. YES NO
- 10. Drugs or medications being taken YES NO
- 11. Severe abdominal or menstrual pain YES NO
- 12. Emotional impairment or disabilities YES NO
- 13. Epilepsy or convulsions YES NO
- 14. Recent sprains, fractures, or dislocations YES NO

Please explain any items circled YES

*Are you currently pregnant? YES NO

DO YOU KNOW OF ANY HEALTH PROBLEMS OR CONDITIONS YOU HAVE THAT WOULD PREVENT YOU FROM PARTICIPATING IN OUR ADVENTURES? Yes No

