



PINE LAKE CHALLENGE COURSE
 and Adventure Programming
 Bristol Parks, Recreation, Youth & Community Services
 441 Emmett Street (course) or 111 North Main Street (office)
 Bristol, CT 06010
 Telephone: (860) 314-4690 ext. 2



DISCLOSURE:

Pine Lake Challenge Course (PLCC) programs involve a variety of activities that often include warm-ups, games, group initiative problems, low and high ropes elements, and other potentially rigorous physical adventure activities. The level of participation in every program activity is *“challenge by choice”* meaning the choice whether to participate or not and the level of that participation is up to the individual participant. As with any physical activity there is an element of risk, which must be assumed by each participant. Though the Course is inspected regularly and is facilitated by experienced trainers, there is the possibility that a participant may suffer an emotional injury, and/or serious physical injury, resulting in permanent disability or death. Each participant voluntarily assumes the risk of such injury.

Please fill out ALL sections 1 - 5 on the 3 pages.

****For you or your child to participate this form must be complete, signed and dated****

This form must be filled out completely and returned to the Bristol Youth Services Department before participating in Challenge Course activities.

1. Participant Information:

A. Name _____ Gender: _____

Participant's Grade _____ Date of Birth _____ Email: _____

Parent or Guardian _____

Participant's Address _____

Street _____ *Apt* _____

City _____ *State* _____ *Zip* _____

Home Telephone _____ Cell _____ Business _____

B. In case of emergency whom should we contact?

Name _____ Relationship _____ Telephone _____

C. Health/accident insurance

Name of company _____ Policy Number _____

2. Program Sponsor or Organization _____

A. Program Name: _____ Program Leader: _____

3. Photo/media release (Optional) :

I, _____, grant to the Pine Lake Challenge Course and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself or my child, for use in materials they may create.

Reminder: Dress appropriately for the weather and the activities.
 Wear comfortable footwear: no big heels or sandals.
 PLCC is a smoke-free, alcohol-free, and drug-free program.

4. Medical Information:

1. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? (Circle **Yes** or **No**)

No **Yes** If yes, identify and explain _____

2. Do you have any of the following conditions:

No **Yes** Seizure within the past year

No **Yes** Do you have diabetes?

If *yes*, please indicate (circle one): insulin dependent OR non-insulin dependent

No **Yes** Neck, back shoulder, knee or ankle problems

No **Yes** Pregnancy (**SEE BELOW, DR'S NOTE IS REQUIRED**)

No **Yes** High blood pressure or heart condition

No **Yes** Abnormally high cholesterol level or medication for Lipid abnormality

No **Yes** Coronary artery by-pass / angioplasty

No **Yes** Unexplained chest pain / pressure, shortness of breath, heart palpitations, sweats, or exertional dizziness or faint spells

No **Yes** Do you smoke?

NOTE: If *yes* to any of the above, explain **and** complete "**Physician Consultation**" section at bottom.

3. **No** **Yes** Currently taking medication (prescribed or otherwise, e.g. cold medicine)

If *yes*, state what you are taking, and for what conditions _____

4. **No** **Yes** Allergies, reactions to medications, any other medical limitations?

If *yes*, identify and explain _____

5. **No** **Yes** Allergic to bee stings?

No **Yes** If *yes*, did you bring an epipen or your own medication?

6. Please indicate which statement best describes how often you exercise:

_____ little or no exercise on a regular basis

_____ occasional exercise 1 or 2 times per week

_____ vigorous exercise (e.g., 20 minutes of running, fast walking or equivalent 3 times per week or more

5. Physician Consultation:

- **If you have checked yes above**, or if you have three or more of these risk factors; diabetes, smoking, sedentary life style, overweight,, have a family history of heart disease or are over age 45. We **strongly recommend** that you consult with your physician prior to participating in a PLCC program or *other* strenuous physical activity.
- If you are **pregnant**, PLCC **requires** a letter from a doctor explaining what level of participation is appropriate. If you are more than 20 weeks pregnant you can not wear a climbing harness, you may be involved in other activities.
- If you or your physician require more information about activities in any PLCC program, contact us at **(860) 314-4690**

YES **NO** In preparation for this PLCC program I have consulted with my Physician:

If "**Yes**" please initial your response:

_____ I have been advised that I may participate **fully** in the program without limits.

_____ I have been advised that I should **not** participate in the PLCC program.

_____ I have been advised that I may participate in the PLCC program, but should avoid **certain**

activities. Please provide an explanation and additional information. _____

6. Release and indemnity agreement:

I understand that part of the Bristol Pine Lake Challenge Course may be physically and emotionally demanding.

I, or my child (*child's name*) _____ affirm that my (her/his) health is good, and that I (she/he) am (is) not under a physician's care for any undisclosed condition that bears upon my (her/his) fitness to participate in Pine Lake Challenge Course (PLCC) activities.

I recognize the inherent risk of emotional injury and/or serious physical injury, resulting in permanent injury or death, associated with the utilization of and/or participation in the Bristol Pine Lake Challenge Course activities sponsored by the Bristol Youth Services during the period of:

(*Program Date(s) or Duration*): _____ (*Rain Date*): _____

at PLCC or other location _____

In consideration for the privilege of participating in the Bristol Pine Lake Challenge Course, the undersigned hereby agrees that:

1. I fully assume all risks associated with utilization of and participation in the Bristol Pine Lake Challenge Course, even if due to the negligence of the City of Bristol, its agents, servants or employees.
2. I hereby release, and agree that I will not sue, The City of Bristol, its agents, servants and employees, and all of its departments, boards, commissions and agencies, including the Bristol Youth Services and its staff members from all liability should injury to me or my child occur during participation in Bristol Pine Lake Challenge Course even if caused by the negligence of the City of Bristol, its agents, servants or employees.
3. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the City of Bristol, its agents, servants and employees, and all of its departments, boards, commissions and agencies, including the Bristol Youth Services and its staff members from any and all claims, suits or demands by anyone arising from my or my child's use of or participation in the Bristol Pine Lake Challenge Course, even if caused by the negligence of the City of Bristol, its agents, servants, or employees. I certify by my signature that I have read this document carefully and fully understand the risks involved with the Bristol Pine Lake Challenge Course participation and wish to continue in my participation.
I further understand that by signing this agreement I am giving up substantial legal rights. I have not been induced to sign this agreement by any promise or representation, and I sign it voluntarily and of my own will.
4. Should an injury or accident occur, I grant permission for (*Son/daughter*) _____ to receive necessary emergency treatment by licensed or certified medical personnel at the nearest medical facility.

PARENT OR GUARDIAN:

This is to certify that I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the City of Bristol, its agents, servants, and employees, and all of its departments, boards, commissions and agencies, including the Bristol Youth Services and its staff members from any and all claims, suits or demands by anyone arising from said participants use of the Pine Lake Challenge Course facilities and equipment including claims of negligence on the part of the City of Bristol, its agents, servants or employees.

*1. _____ / / _____ (*All participants INCLUDING MINORS, must sign here*)
Participant Signature *Date*

2. _____ / / _____
Parent / Guardian Signature (if participant is under 18 years of age) *Printed name* *Date*

- *1. All participants must sign #1;
2. Participants under 18 must also have a Parent or Guardian sign #2.

IN ORDER TO PARTICIPATE IN THE PROGRAM ALL FORMS MUST:

- BE SIGNED AND INCLUDE THE DATE OF SIGNING
- HAVE THE PROGRAM DATE(S) AND THE RAIN DATE(S)
- THIS THREE PAGE FORM CAN NOT BE ALTERED WITH OUT CLEARANCE FROM THE CITY OF BRISTOL