Mountain Challenge

GENERAL INFORMATION First Name Last Name Age Phone (______ Height_____ Weight _____ Address City, State, Zip **EMERGENCY CONTACT INFORMATION** Contact _____ Phone (________ **HEALTH** Do you participate in a regular exercise program? Yes____ No___ If so, what kind?_____ Do you use tobacco or vape? Yes No Do you have any concerns today that we should know about? Yes_____ No____ Concerns may address but are not limited to: high blood pressure head injury currently pregnant intestinal problems breathing problems circulation problems heart problems muscle cramps neck problems allergies COVID-19 foot problem seizurers diabetes ankle problems vision impairment temperature intolerancce knee problems broken bones skin problems back problems heat stroke motion sickness hepatitis asthma hearing impairment headaches **CONSENT** My signature below indicates I understand that during my Mountain Challenge course I may be exposed to above normal risks which may include exposure to dogs, heights, moving water, underground environments, extreme weather conditions, and/or wilderness settings. Furthermore, I understand that although Mountain Challenge has taken precautions to provide safe equipment and qualified staff for each course, it is impossible for Mountain Challenge to guarantee absolute safety. I share the responsibility for safety on the course and I assume that responsibility. I agree to comply with the instructions of the Mountain Challenge staff members during the course. I consent to Maryville College and Mountain Challenge using the names and addresses in this document to send additional information. RELEASE AND HOLD HARMLESS AGREEMENT In consideration of and as part payment for the opportunity to participate in this trip, I have and do hereby release and will hold harmless Mountain Challenge. LLC and Maryville College and all its officers, employees and agents, from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, including attorney fees, and specifically including any claim for negligence or negligent acts, which I now have or which may arise out of or in connection with my trip or participation in this activity. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators and for all members of my family, including any minors accompanying me. **EMERGENCY CARE AUTHORIZATION** My signature below authorizes Mountain Challenge staff to take measures which in their judgement are reasonable and necessary in the event I require medical attention: Signature ______ Date _____

Parent (if minor) ______ Date _____