



## ACKNOWLEDGMENT OF RISK STATEMENT

In consideration of The EDGE - The Mason Center for Team and Organizational Learning (hereafter "The EDGE") allowing me/my child to participate in its activities,

### **AS A PARTICIPANT OR PARENT/GUARDIAN, I UNDERSTAND AND ACKNOWLEDGE THAT:**

The EDGE takes reasonable precautions to ensure that programs and activities at The EDGE are conducted by qualified personnel in a responsible manner. However, I further understand that participation in challenge course activities entails known and unanticipated risks that could result in physical or emotional injury or damages to me/my child, to property, or to third parties. I acknowledge that such risk cannot be eliminated without jeopardizing the essential qualities of the activities.

The EDGE activities include warm-ups, games, group initiatives, and high and low "challenge course elements" that require moderate physical exertion. These elements include a variety of structures over, through, and on which I/my child may be asked to walk, swing, or climb, with or without the assistance of co-participants. While reasonable measures will be taken to prevent a fall or collision, accidents may occur.

The risks of these activities include abrasions, sprains, strains, other physical injuries, emotional trauma, and, in extreme cases, even death. These may be caused by falls, collisions and close contact with other participants and fixed objects, fatigue, or psychological stress. Some participants experience an increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, or a fear of heights.

All of the program activities are strictly voluntary. It is always the responsibility of the participant to limit his or her participation in any way he/she deems appropriate. The EDGE does not make a determination of a participant's fitness for an event; rather, the participant represents to The EDGE and verifies that he/she is physically fit and ready for an event.

Failure to follow safety instructions may lead to a participant's removal from the group or activity. Discretion is left entirely to The EDGE to determine whether and when removal is appropriate.

Failure to disclose relevant information may result in harm to myself/my child and/or others during an event. I represent and warrant that I have provided all materials and important information to The EDGE pertaining to my/my child's medical, mental, and physical condition related to my/my child's participation. I agree to assume and bear the costs of all risks that may be created, directly or indirectly, by any medical condition that I/my child may have. In addition, I agree to notify The EDGE of any changes in my/my child's mental, physical or medical condition prior to or during my scheduled event.

**PLEASE READ AND COMPLETE PAGE 2 OF THIS FORM**

# ACKNOWLEDGMENT OF RISK STATEMENT

**AS A PARTICIPANT OR PARENT/GUARDIAN, I AGREE:**

In the event of an accident requiring medical attention, I authorize The EDGE and its agents to render or seek emergency or first aid assistance for me/my child and to release medical information and incident reports to insurance companies and other persons or authorities deemed appropriate by The EDGE.

That I/my child will not be under the influence of alcohol or any chemical substance or medication except medication specifically disclosed to The EDGE.

To the use of my/my child's image in any photograph, video recording, or Web page sponsored by The EDGE.

Should any part of this agreement be declared unenforceable by a court of competent jurisdiction, the remainder of this agreement shall be in full force and effect.

Participant Name (PRINT) \_\_\_\_\_ (H) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
(C) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ School/Organization Name \_\_\_\_\_

Name of Physician (PRINT) \_\_\_\_\_ (W) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

EMERGENCY CONTACT (PRINT) \_\_\_\_\_ (H) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
(C) Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Please disclose any relevant medical, mental, and physical information here:

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By signing this document, I acknowledge that I have read and fully understand both pages of this document and that the information I have provided is disclosed accurately and truthfully.

**I UNDERSTAND THAT PARTICIPATION IS AT ONE'S OWN RISK.**

Participant Signature \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED IF PARTICIPANT IS UNDER EIGHTEEN (18)**

