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Assumption of Risk and Responsibility Form

Adventureworks! programs can utilize activities which require a high level of physical activity. As a participant, you may be involved in activities such as: cooperative games, trust exercises, group initiative tasks, low and high ropes course, and rock climbing. Adventureworks! utilizes an "I-Opt" design philosophy in all of its programs. This means that Adventureworks! staff will provide a variety of mentally and physically challenging activities and that you will be empowered to make choices about your own level of involvement. Adventureworks is committed to ensuring your safety at all times. Our staff will provide you with safe instruction, high quality equipment, and appropriate supervision for all activities. You must do your part by following all safety policies and procedures that are outlined during the course of the program. In order to protect you from harm you will be spotted in all "low ropes" activities, and protected by a "belay" system while involved in all high ropes and rock climbing activities.

Participant Name: _____ **Group Name:** _____

Participants (and parent/guardian if under 18) must read and initial all of the following statements:

Participant Initials	Parent/Guardian Initials
eg. <u>AW</u>	<u>RW</u>

- | | | |
|-------|-------|---|
| _____ | _____ | I agree NOT to use illegal drugs or alcohol at any time during an Adventureworks! program. |
| _____ | _____ | I accept the fact that neither Adventureworks! nor its staff can guarantee my total safety because some risks are beyond their control. |
| _____ | _____ | I agree to follow all instructions given by the staff and to act safely and responsibly at all times. |
| _____ | _____ | I am sufficiently fit (socially, mentally, physically) to participate in this program. |
| _____ | _____ | I have completed the Health & Safety Form with information that is accurate, complete and true to the best of my knowledge. |
| _____ | _____ | I agree to notify Adventureworks! of changes to my health and fitness that occur during the program. |
| _____ | _____ | I fully comprehend and willingly assume the risks and responsibilities of participation in this program. |

I/we have read the above information, and agree to the terms of the Assumption of Risk and Responsibility.

PARTICIPANT Signature: _____ DATE: _____

PARENT/GUARDIAN Signature (if under 18): _____ DATE: _____

Photo Release: Occasionally Adventureworks! will take photos for use in promotional materials.

Participant Initials	Parent/Guardian Initials
eg. <u>AW</u>	<u>RW</u>

_____	_____	I give permission for photographs or videotapes of me (or my child) to be used by Adventureworks! for promotional purposes.
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