

Zip Adventures Inc. Confidential Participant Health Information

Please Print: Name _____ Today's Date _____
Address _____ City _____ State _____ Zip _____
Phone (w) _____ (h) _____ (fax) _____
In Case of Emergency, notify: _____ Relationship _____ Phone _____

Medical History - Please describe condition/ treatment where possible.

Are you under treatment for any illness or condition? NO _____ YES _____
describe: _____

Do you have a condition requiring regular medication? (E.g. diabetes, epilepsy, etc.) NO _____ YES _____
describe: _____

Are you currently taking any medication? NO _____ YES _____
list: _____

Do you have any allergies? NO _____ YES _____
list: _____

Have you been directed to carry an epi pen? NO _____ YES _____ Is it with you now NO _____ YES _____

Do you have any disabilities? NO _____ YES _____
describe: _____

Have you ever had injuries including back, spine, broken bones, dislocations, sprains, soft tissue injury? NO _____ YES _____
List injury year of occurrence and current condition: _____

Do you or anyone in your genetic family have any history of heart problems? NO _____ YES _____
(i.e. high cholesterol, heart murmur, surgery, etc.) Describe: _____

Do you have any respiratory problems? NO _____ YES _____
describe: _____

Have you been directed to carry an inhaler, or other breathing devices? NO _____ YES _____
describe: _____

Has your doctor told you to limit your activity in any way? NO _____ YES _____
describe: _____

Note: Research has determined that challenge course activities can raise heart and respiration rates in any participant and that persons with heart and respiratory problem histories can be placed at extreme risk. If this is true for you consult your physician, and if you are already on site you may be asked to limit your participation.

Have you ever undergone surgery? If yes, please describe: NO _____ YES _____
describe: _____

Are you pregnant? NO _____ YES _____

What other factors should we know before starting this program? _____

I have answered the above questions accurately and completely. NO _____ YES _____

I believe that I (or my son/ daughter/ ward) am (is) in good health, and I affirm that my (son's/ daughter's/ ward's) participation in Zip Adventures activities will in no way aggravate any condition(s) present. If I doubt, I will seek and follow medical advice. The staff at Zip Adventures has my permission to seek and administer emergency care for the participant in the event that:

- a. the health and well-being of the participant is involved; and
- b. the participant or parent/ guardian is unable to respond or cannot be reached at the time of the emergency; and due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

NO _____ YES _____

Signature _____ Date _____

Your Signature Please (Parent or Guardian please sign if participant is under 18)

Release of Liability / Agreement Not to Sue

I, _____, am aware that participating in the **Zip Adventures** activities includes certain risks. These risks include, but are not limited to, the possibility of serious injury or death. I acknowledge that I am voluntarily participating in this activity (with or without instruction), and that I have full knowledge of the dangers involved. I hereby agree to accept full responsibility for the risks and dangers connected with any of these activities.

Please initial _____

In consideration of being allowed to use the recreational facilities of Zip Adventures, Inc:

1. I agree that I will not sue or otherwise make any claim against Zip Adventures, Inc., Denver Water, or 4 Eagle Ranch or any of its employees, agents, officers, directors, contractors, sponsors or providers for any loss, injury or damage resulting from my participation in any of the activities described above.
2. I agree that Zip Adventures, Inc., Denver Water, or 4 Eagle Ranch, and any of its officers, directors, employees, agents and contractors shall not be legally responsible for any loss, injury or damage resulting from my participation in any of these activities, regardless of the cause and even though resulting from the negligence of another party.
3. I agree that the use of the facilities of Zip Adventures, Inc., will be in accordance with rules and instructions issued by Zip Adventures, Inc., Denver Water and 4 Eagle Ranch, and any of its employees, agents, sponsors or providers.
4. I agree that I will use at my own risk any equipment which I provide or may borrow or rent from Zip Adventures, Inc., or any other sponsors or providers during this activity. I understand and agree that Zip Adventures, Inc., and any other sponsors or providers shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. Zip Adventures, Inc., and its sponsors and providers make no warranties of any kind regarding this equipment.
5. To the fullest extent allowed by law, I agree to RELEASE, INDEMNIFY and HOLD HARMLESS Zip Adventures, Inc., Denver Water, and 4 Eagle Ranch, or any of its employees, agents, officers, directors, contractors, sponsors or providers from all actions or claims from myself, my heirs or personal representatives for any loss, injury or damage resulting from my participation in any of the activities described above, including the use of any equipment.
6. The terms of this release shall also be binding upon any other persons (including all minors and family members), who may accompany me and their heirs, executors and administrators. I understand this release is a binding contract that supersedes any other agreements or representations, and that this release is intended to provide a comprehensive release of liability to the greatest extent permitted by law. The specific rights of the parties may vary from state to state. If any part of this release is deemed unenforceable, all other parts shall be given full force and effect.
7. I am legally competent to sign this release or my parent or legal guardian has also read and signed this release.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL.

Date: _____

Signature of Parent / Legal Guardian / Participant
(Must be signed by parent or legal guardian if participant is a minor)

Please Print Name

Child's Name #1

Child's Name #2

If I am signing on behalf of a minor (under age 18), in addition to the above, I also agree to RELEASE, HOLD HARMLESS and INDEMNIFY Zip Adventures, Inc., Denver Water, and 4 Eagle Ranch or any of its employees, agents, officers, directors, contractors, sponsors or providers for any loss, injury or damage resulting from the minor's participation in any of the activities described above, including the use of the equipment.