

PARTICIPANT INFORMATION FORM		
Name:	Today's Date:	
Parent/Guardian (if applicable):		
Agency/School (if applicable):		
Address:	City/State/Zip:	
Primary Phone Number:		
Date of Birth: Gender: Male Female Approximate Height: Approximate Weight: Approximate Shoe Size	Race / Ethnicity: Caucasian/White African American/Black Hispanic Asian/Asian American Native American/Alaska Native Pacific Islander Bi/Multi-racial Other	
EMERGE	ENCY CONTACT INFORMATION	
	Relationship:	
	HEALTH INFORMATION additional information if necessary	
What is your primary diagnosis (if applicable): Please include any information, medication and dosage, or other diagnoses that would be helpful for us to know:		
PHOTO / VIDEO RELEASE		
audio of my participa	d other approved parties to use any photographs, video tapes, film, or ation in Splore programs for marketing/fundraising and business purts under the age of 18 must have parent or legal guardian initial this	
AUTHORIZATION H	FOR EMERGENCY MEDICAL TREATMENT	
ticipating in a Splore p such emergency medic	ecure such emergency medical treatment as I might require while par- program or activity. I also agree to pay all costs and fees associated with cal care or treatment. he age of 18 must have parent or legal guardian initial this statement	

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

SINCE OUTDOOR ACTIVITIES CAN BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS OF SPLORE PROGRAMS TO ASSUME ALL RISK BY SIGNING THIS PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration for participating in a Splore program or benefitting from the services of Splore, its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on Splore's behalf (hereinafter collectively referred to as "Splore"), I hereby agree to release, indemnify, and discharge Splore, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I expressly acknowledge that participation in Splore's outdoor activities, including, but not limited to rock climbing, river rafting, canoeing and cross country skiing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, hazardous plant life; equipment malfunction or failure; accidental drowning; and improper lifting or carrying.
- 2. I expressly recognize and acknowledge and accept that Splore staff and volunteers have difficult jobs to perform during outdoor activities; that they seek safety, but they are not infallible; that they might be unaware of or misjudge a participant's fitness, awareness, weight or abilities; that they might misjudge the weather or other environmental conditions; and that they may give incomplete warnings or instructions; and the equipment being used might fail or malfunction.
- 3. I freely and expressly agree and accept and assume full responsibility for all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold Splore harmless from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Splore's equipment or facilities, including any such claims which allege negligent acts or omissions of Splore. I expressly agree that the foregoing this Participant Agreement, Release, and Assumption of Risk is intended to be as broad and inclusive as possible as is permitted under the laws of the State of Utah.
- 5. Should Splore or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical conditions I may have.
- 7. In the event that I file a lawsuit against Splore, I agree to do so solely in the state of Utah, and I further agree that the substantive law of Utah shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Splore on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____

Signature of Participant

Address	City State Zip
Phone	Date
PARENT'S OR GUARDIAN'S ADDITIONAL INI (Must be completed for participants under the age of 18)	DEMNIFICATION
all claims which are brought by, or on behalf of Min specifically including but not limited to any claims a	(print minor's name) ("Minor) being permitted by Splore to and facilities, I further agree to indemnify and hold Splore harmless from any and nor, and which are in any way connected with such use or participation by Minor, associated with youth participation in rafting trips. I have been informed of the ctivities and recognize them and acknowledge them and hereby knowingly acceptance.
Signature of Parent or Guardian:	Print Name: