



# Spencer Butte Challenge Course

City of Eugene • River House Outdoor Program • 301 North Adams Street • Phone: (541) 682-5329 • Fax: (541) 682-6319

## ASSUMPTION OF RISK & LIABILITY RELEASE AGREEMENT, Page 1

### Safety Information:

There is a dynamic and powerful experience in store for you as a participant at the Spencer Butte Challenge Course. The Course will provide a variety of challenges: physical, intellectual, emotional and social. These challenges are presented as a means by which you and your group may learn new skills or discover abilities you didn't know you had.

The Challenge Course operates under the concept of 'perceived risk'. That means that while some of the activities may seem scary (like climbing off of the ground on a high element), they are actually very safe (you wear a full body harness and are attached to ropes so you cannot fall to the ground). Ironically, the activities involving the most risk are those that happen right on the ground, where participants often have less focus and are more likely to stumble or become distracted.

While we strive to minimize risk, it is impossible to completely eliminate it. You can increase your margin of safety by paying close attention to safety rules and procedures presented during your program. Our leaders maintain high standards of skill and expertise in all aspects of challenge course facilitation. We encourage you to develop a questioning attitude and to ask our leaders to explain any action, direction or process which makes you feel unsure or unsafe.

### Assumption of Risk and Liability Release

In consideration of the right to participate in this activity, I release any and all claims for damages and losses suffered by me or my minor child as a result of said participation against the City of Eugene and any officers or agents thereof. I further understand that there are certain risks inherent in this physical activity and I hereby agree to assume these risks on my behalf or on behalf of my minor child and to hold harmless the City of Eugene and their agents. I have read and understand the above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

### PARTICIPANT INFORMATION

\_\_\_\_\_  
(Please print your name)

\_\_\_\_\_  
(Daytime phone)

\_\_\_\_\_  
(Home phone)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Age)

### Insurance Information

Medical Group \_\_\_\_\_

Group Number \_\_\_\_\_

Physician & Phone Number \_\_\_\_\_

### Emergency Contacts

(1) \_\_\_\_\_

(Please print name & phone number)

(2) \_\_\_\_\_

(Please print name & phone number)

*Please complete the information on the next page*



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## ASSUMPTION OF RISK & LIABILITY RELEASE AGREEMENT, Page 2

### HEALTH HISTORY

You can help us minimize any real risk you may be assuming by participating in the Challenge Course by accurately and honestly filling out your health history below. Please note, certain health histories or conditions may require you to alter your participation on the Course in order to stay safe. ***Most notably, people with a history of heart problems or seizures and women who are pregnant may not be allowed to climb off of the ground.***

Please read and respond by circling yes or no and answering the following questions. All information will be kept confidential.

- YES NO Do you or have you ever had a heart condition?
- YES NO Do you have epilepsy and/or ever had a seizure condition?
- YES NO Are you pregnant? How many weeks \_\_\_\_\_?
- YES NO Have you experienced a stroke or other injury that continues to impair your balance, coordination, depth perception or muscular control?
- YES NO Do you have diabetes?
- YES NO Do you have asthma? Do you have your inhaler with you today? YES NO
- YES NO Do you or have you ever had a back or neck injury? Explain.  
\_\_\_\_\_
- YES NO Do you currently suffer from any bone, joint or muscular problem? Explain.  
\_\_\_\_\_
- YES NO Are you unable to stand for extended periods of time? *If so, you should consider bringing a light, folding chair to rest in periodically during the day.*
- YES NO Are you taking any medications, prescription or otherwise, that may affect your balance, strength or vision? Please list them and detail their side effects.  
\_\_\_\_\_
- YES NO Are you allergic to bee stings or insect bites? Did you bring your antihistamine kit with you today? YES NO
- YES NO Is there any other medical or physical information that you feel the Challenge Course staff should know about? If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONSENT TO BE PHOTOGRAPHED

I consent to be photographed and/or videotaped during this Challenge Course activity. I understand that these photos/videos will be used only to teach people or to promote future involvement in Outdoor Program activities. These pictures may be used in Eugene Library, Recreation and Cultural Services flyers, brochures or recreation guides.

- \_\_\_\_\_ My photo may be taken and used for publicity or news purposes.
- \_\_\_\_\_ My child may have his/her photo taken and used for publicity or news purposes.