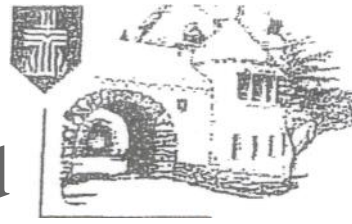


Stronghold



A5SUSMPTION OF RISK AND WAIVER OF ALL LIABILITY CLAIMS

Name _____ Age _____ Birth Dale (Month/Year)____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Today's Date _____

Group/School Name _____

I fully realize fhal participation in the high ropes, low ropes and initiatives courses involves psychologically and physically challenging situations and that my participation in the same could result in sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that Stronghold Conference Center has/will inform me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury. I understand that a physician should be consulted before participation in these courses if I have one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with me to the challenge courses. I acknowledge that my participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

In consideration for the right to participate in the Courses at Stronghold Conference Center, I individually and collectively for myself, ray heirs, executors, administrators and assigns d& waive and release any and all claims by me or on behalf of me for property loss, personal injury, emotional distress, wrongful death, product {(ability, strict liability and/or negligent rescue which may Incur against Stronghold Conference Center, the Presbytery of Blackhawk, its sponsors, agents, representatives, board members, employees, contractors and suppliers for any and all damages which I might sustain and suffer in connection with my participation in the Courses at Stronghold.

Stronghold Conference Center has my permission to secure emergency care for me if necessary. I accept full responsibility for the cost of any treatments for any injury suffered while participating in the Courses. I understand that any photographs taken of me participating in the Courses may be used for publicity.

MEDICAL STATEMENT

I recognize that climbing can be a strenuous endeavor requiring me to be in good physical condition. I am listing below those conditions I have that could restrict my participation in the Challenge Courses.

Medications currently taking:

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my participation in this activity

PARTICIPANTS SIGNATURE

DATE

PARENT'S SIGNATURE IF UNDER THE AGE OF 18

DATE