



City Park Challenge Course Description and Enrollment Agreement 2017

The City Park Challenge Course is a series of physical activities involving the use of a low and/or high ropes courses. The risks include, but are not limited to, rope burns, cuts, catching oneself on a rope, and falling from heights. Psychological stress can also occur due to heights.

In order to minimize risk, every precaution will be taken by LOOP NOLA staff to ensure that the equipment is in proper working order and that the instructors are trained and certified. However, every participant has an obligation to not endanger themselves or others. Every participant must understand that it is their own obligation to withdraw from the activity when participation would be dangerous to themselves or others. If a participant has a question as to whether she/he should participate in any of these activities, the participant should first consult his/her parents or guardian, a physician and/or speak with the instructor before attempting any activity.

Enrollment Agreement

(Initial each section, where indicated)

I understand that in participating in the Challenge Course activities, if I am ever physical or mentally incapable of performing the activities safely, or if my physical or mental condition would interfere with my ability to perform the activities, I must advise my instructor of the same and withdraw from the activity. My participation in the activity constitutes a certification that my physical and mental condition are sufficient to participate in the activity

_____ (initials)

I have read the above description of the Challenge Course and activities.

_____ (initials)

I am aware that participation in the Challenge Course involve strenuous physical activities and that there are risks.

_____ (initials)

I am voluntarily participating in the Challenge Course with full and complete knowledge of the risks and dangers involved, and herby agree to accept any and all risks of injury.

_____ (initials)

I am aware that participation in the Challenge Course requires my full cooperation and abilities, both physical and mental. I understand that if I am unable to fully participate due to any physical or mental condition or illness, I am obligated to withdraw from participation so as not to potentially injure myself or others.

_____ (initials)

My signature below is certification that I have carefully read this agreement and description of risks, and fully understand its contents.

Participant's Signature (18 years or older)

Date

Participant's Information

First Name

Last Name

Street

City

State

Zip

DOB

Phone Number

Emergency Contact Name

Emergency Contact Number

If participant is under EIGHTEEN (18) years of age, parent or guardian must add initials and sign below.

I, the undersigned, as custodial parent and guardian, consent to the minor person's participation in the Challenge Course, and certify that I have the authority to consent. I authorize medical treatment of the participant in the event of an emergency. I certify that I have carefully read the Agreement and description of risks, and fully understand its contents.

Parent/Guardian Signature

Date

PARTICIPATION WILL BE DENIED IF THE PARTICIPANT IS LESS THAN EIGHTEEN (18) YEARS OF AGE AND THE SIGNATURE OF THE PARENT/GUARDIAN, AND DATE ARE NOT ON THIS AGREEMENT FORM.