

## VISITOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services of Earth Treks, LLC and Planet Granite Holdings, LLC, Movement Climbing & Fitness Holdings, LLC, and all of their predecessors and successors, their officers, agents, employees, subsidiaries, affiliates, members, and all other persons or entities associated with those businesses (hereafter collectively referred to as "El Cap") I agree as follows:

Although El Cap has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, El Cap has informed me that this activity is not without risk. Guided trips that include rock climbing, hiking, swimming, and other outdoor activities ("Activity") involve certain risk, both inherent and otherwise, anticipated and unanticipated, and such risks cannot be eliminated without destroying the unique character of the Activity. These inherent risks are some of the same elements that contribute to the unique character of this Activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent disability, trauma, drowning, or death. All of these risks are present regardless of whether I follow El Cap's safety instructions or recommendations, including but not limited to those involving my choice of wearing a helmet or not.

El Cap believes it is important for me to know in advance what to expect and to be informed of the risks of the Activity.

I am aware that the Activity entails risks of injury or death to any participant. I understand that inherent risks in rock climbing include the risks to which I may subject myself, and also include other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified and those unanticipated risks. My participation in this Activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this Activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of El Cap has been available to more fully explain to me the nature and physical demands of this Activity and the inherent risks, hazards, and dangers associated with this Activity, but I acknowledge that I cannot rely solely on the explanation of El Cap to reduce the risks of the Activity.

I certify that I am fully capable of participating in this Activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this Activity.

**I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.**

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Participant's Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Cell Telephone Number

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Email Address (Adults / Guardians Only)

**Signature of Parent or Legal Guardian, if participant is under 18 years of age.**

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed name of Parent or Court-Appointed Legal Guardian

\_\_\_\_\_  
Signature of Parent or Court-Appointed

# EARTH TREKS: MEDICAL FORM FOR OUTDOOR PROGRAMS

Please print this sheet out and legibly print or use the Acrobat PDF form fields to complete all information.

Name of trip: \_\_\_\_\_ Date of course(s): \_\_\_\_\_  
Full Name of Participant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Insurance Information:

You are responsible for any medical expenses and should be covered by your own sickness and accident insurance.

Are you covered by hospitalization and medical care insurance?  Yes  No

Policy or Certificate number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_

## Medical Information:

Complete answers to the following are necessary. Earth Treks strongly recommends that you see your doctor, discuss the rigors of the trip with him/her, and receive a thorough physical.

Pulse/Blood Pressure: If you are over 40, or are overweight, or have had an inactive lifestyle, please have your blood pressure recorded.

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse Rate : \_\_\_\_\_ Date Taken: \_\_\_\_\_

**Chronic Health Problems:** (If you have any health problems which we should be aware of, please list below and describe).

- Neck, Back, or Shoulder pain or injury: \_\_\_\_\_
- Diabetes, Seizures, or frequent or unexplained fainting or dizziness: \_\_\_\_\_
- Chronic illnesses: \_\_\_\_\_
- Medications and prescriptions you are taking: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Dietary restrictions: \_\_\_\_\_
- Previous injuries, illnesses, or other medical or emotional considerations or problems which might affect your participation on the trip: \_\_\_\_\_

## In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Consent is hereby given to attend a trip organized by El Cap Holdings, LLC, Earth Treks, LLC, Planet Granite Holdings, LLC, Movement Climbing & Fitness Holdings, LLC, their affiliates, subsidiaries, parent companies, or owners and all predecessors and successors (collectively "El Cap") and permission is given for emergency anesthesia, operation, hospitalization or other treatment which might become necessary. The information provided above is a complete and accurate statement of the physical factors which may affect my participation on an El Cap trip. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to indemnify and hold harmless El Cap if all relevant information is not disclosed. I also agree to notify El Cap should there be any change in my health prior to the El Cap trip.

\_\_\_\_\_  
Signature (by parent or court appointed guardian if under 18)

\_\_\_\_\_  
Date