

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

CROSS BAR X YOUTH RANCH ROPES COURSE ACTIVITIES

Both the prospective participant and the parents or guardians of the participant must read and sign this agreement in the appropriate spaces.

### Participant's Responsibilities

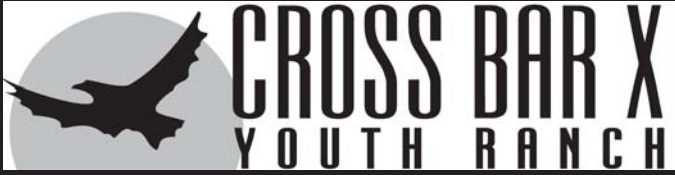
I want to participate in Cross Bar X Youth Ranch Ropes Course Program activities. By signing this document, I understand and agree to the following:

- I understand that the care and security of my personal belongings is my responsibility.
- I understand that I am required to follow all event rules and regulations as outlined by program staff.
- I understand that I will not use alcohol, tobacco, or illegal drugs while participating in this activity.
- I understand that if I choose not to follow activity rules or regulations, I can be removed from participation in the activity by the activity organizers or their agents and returned immediately to my parents or guardians care.
- I understand that I will make decisions about my own safety and what activities I choose to participate in and will be responsible for the consequences of those decisions.
- By my signature below I affirm that I have read the above indicating what is expected of me as a voluntary participant in the Challenge Program.

### A warning to Participants and their Parents or Guardians

I understand that supervision by Cross Bar X staff may not be provided at all times and by participating in or traveling to or from Ropes Course Program activities **I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning, cardiac arrest or death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in or traveling to or from Ropes Course activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my person or property. This warning does not list everything. You must learn about the potential risks and ask questions so you or your parents or guardians will make the appropriate, informed decision for you. If you decide to participate in Ropes Course activities, you must take responsibility for learning as much as possible about these activities and how to keep safe. You must inform the Activity Organizers or their agents of any personal relevant medical conditions and obtain the permission of any relevant personal advisors, including your physician or counselor/therapist, before you choose to participate in the Ropes Course Program. You are not required to participate in Ropes Course activities. Therefore, should you choose to participate, you are

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**Parent's Assumption of Risk and Release of Liability**

- I agree that as consideration for allowing my child to participate in the Ropes Course Program, I will not hold Cross Bar X Youth Ranch or any of its officers, employees, and agents responsible for what happens to my child at Ropes Course activities, including acts of negligence by the officers, employees or agents of Cross Bar X Youth Ranch. I accept full responsibility for any injuries that may occur as a result of my child's participation in the Ropes Course Program.
- I agree that any costs incurred for any medical care for my child will be my responsibility.
- I have had a chance to ask questions and seek advice before signing this document.
- I have informed Activity Organizers of any relevant physical/mental conditions that my child has.
- If my child is removed from participation in the activity for any reason, I will be responsible for my child's transportation back to my care.
- If any part or portion of this document is determined to be invalid, the remaining parts or portions will be considered valid and enforceable.
- By my signature below, I indicate I am the legal parent or guardian of the named child and have read this document and understand it. I have considered it carefully, and agree to its terms.

Child's (Participant's) Name <i>(Please Print)</i>		Date of <b>Birth</b>
Parent/Guardian Name (Please print)	Parent/Guardian Signature	Date
Parent/Guardian Name (Please print)	Parent/Guardian Signature	Date

For further information or to ask questions regarding the terms of this agreement, prior to signing and submitting it, contact Tim Miller at 970-259-2716.