



Town of Clifton Park

Office of Parks and Recreation

One Town Hall Plaza, Clifton Park, New York 12065 | (518) 371-6667 | Fax: (518) 545-4284

Mike Woerner, Director

ADVENTURE CHALLENGE INFORMATION AND CONSENT FORM

DISCLOSURE

The Town of Clifton Park Adventure Challenge program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low challenge ropes course elements, and other rigorous physical adventure activities. (The level of participation in an Adventure Challenge program activity is at all times completely up to the individual's choice). Yet there is a risk, which must be assumed by each participant.

Certain health/medical information must be made known to the instructor(s) conducting the programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to the Town of Clifton Park, Office of Parks and Recreation at the above address prior to participating in any activities.

PARTICIPANT INFORMATION

Name: _____	Date of Birth: _____
Do you have any limiting physical disabilities or handicaps (temporary or permanent)?	
No: _____ Yes (identify and explain): _____	
Are you currently taking medication (prescribed or otherwise, e.g., cold medicine)?	
No: _____ Yes (identify and explain): _____	
Do you have any allergies, reactions to medications, any other medical limitations?	
No: _____ Yes (identify and explain): _____	

RELEASE OF LIABILITY

If minor: please fill in the following: I _____, the parent/legal guardian of, _____ do hereby consent to his/her participation in the above recreation program(s) sponsored by Town of Clifton Park. I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I agree that if he/she does suffer any injury the Town of Clifton Park's Parks and Recreation, through its employees or agents, has my permission to sign consent forms required for any necessary emergency medical treatment. This consent shall apply to emergency situations only, and only if the parent/legal guardians listed above are not reachable at the numbers listed, to obtain my/our consent.

I recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that I or my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by myself or my child while participating in the recreation program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks and Recreations, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event.

Participant's Address: _____

Home phone: _____ Cell phone: _____

Participant's Signature (if at least 18 years old): _____ Date: _____

Parent/Guardian Signature (if under 18 years old): _____ Date: _____