PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Chockstone Climbing Guides LLC

*****READ BEFORE SIGNING*****

Participant Name:____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I Knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of releasees or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Chockstone Climbing Guides LLC/First Ascent, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

Model Release- I authorize and release to Chockstone Climbing Guides LLC/ First Ascent the use of my image in any photograph or video recording for any purpose of Chockstone Climbing Guides LLC/First Ascent.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X____ ________ _____
Participant's Signature Date Age

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above.

X_______________________________ _________ ________________________
Parent/Guardian Signature Date Emergency Phone Number(s)

First Ascent/Chockstone Climbing Guides LLC
1533 NW Saginaw Ave, Bend OR 977

Chockstone Climbing Guides LLC/
Smith Rock, Oregon

PARTICIPANT REGISTRATION / GROUP PROGRAMS One per person

GROUP NAME: TRIP DATE: PARTICIPANT NAME:
AGE: GENDER: Pronouns:
ADDRESS: STREET/CITY/STATE/ZIP
CELL: HOME:
E-MAIL:

ANY SPECIAL MEDICAL CONDITIONS? (If "yes", give details) CURRENT OR PAST MEDICAL CONDITIONS RELATING TO ASTHMA, ANNAPHYLAXIS, DIABETES, HEART DISEASE, SEIZURES? If "yes" please provide details DO YOU HAVE ANY OTHER MEDICAL OR PHYSICAL CONDITION THAT MIGHT AFFECT YOUR ABILITY TO FULLY PARTICIPATE IN THE CLIMB OR COURSE WITHOUT BEING A DANGER TO YOURSELF OR OTHERS? (If "yes", give details, use back of form if needed)
ALLERGIES TO MEDICINES/FOOD? (If "yes", explain)
DO YOU CARY MEDICAL INSURANCE? (If "yes", name of provider)
EMERGENCY CONTACT: PHONE: RELATIONSHIP:

PARTICIPANT SIGNATURE:_______________________________________

PARENT/GUARDIAN SIGNATURE: __________________________________

Name of parent/guardian (Print)___________________________________

*Signature and name of parent or guardian for participant under the age of 18