

Participant Registration

Release of Liability & Consent to Participate

PLEASE PRINT LEGIBLY



Date _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

By including your email address, you may receive correspondence about Challenge Mountain Resale Store and programs.

Disability Yes No Type of Disability _____

Prescription Drugs, if any _____

Prosthetic Devices (braces, rods, etc.) _____

Emergency Contact _____ Phone _____

Initial Below

There are inherent risks involved with any Challenge Mountain activities. I am aware that injury or death may occur to participants in this event. Some of the dangers involved in this activity but not limited to the following are terrain changes, tree location, hill machinery, buildings, and/or physical exertion.

I will notify Challenge Mountain of any known food allergies.
I will not hold Challenge Mountain responsible for any allergic reactions that may occur.

This event involves physical activity and exertion. I submit that the participant is in sound physical condition with no health problems that could be aggravated by participation in this event. I release and discharge Challenge Mountain and their agents from all claims for damages arising directly or indirectly from applicant's participation in such activity.

I may or may not have inspected the equipment, site, and facilities before participating. Nevertheless, I assume all risk associated with this event, participation in it, including but not limited to the conditions of the equipment, site(s), facilities, and the unknown ability of other participants.

I give permission for the participant's photograph and/or video to be used for media relations, fundraising, and identification.

I understand that I am being allowed a courtesy of borrowing equipment at no charge for use at this facility.
I understand that I must return this equipment to Challenge Mountain staff when I am done using it.
I will not hold Challenge Mountain staff or volunteers responsible for injuries that may occur due to binding release settings.
If the equipment is not returned I will be charged full retail price to replace the items not returned.

I understand that wearing a helmet is the best way to reduce the severity of a head injury that could result in brain damage or death while participating in events at Challenge Mountain.
While participating, I understand that I will be required to wear a helmet.

Challenge Mountain staff and volunteers act solely on their own accord and Challenge Mountain will not be held liable for their actions. The acts of the volunteers are covered under the theory of Good Samaritan, which releases them from liability. In the event a serious injury occurs the staff will call 911 for assistance. If the participant refuses care, Challenge Mountain will not be held liable by this decision. By signing this form I give permission for emergency care to be sought and/or given to myself or the above named individual in the event that I cannot be contacted or am incapacitated.

It is my express intent, by signing this release and participating in this event, to waive, relinquish, and release any claims which I might have against any and all volunteers, directors, officers, agents, and employees of Challenge Mountain of Walloon Hills, Inc. and the organization Challenge Mountain of Walloon Hills, Inc. I intend this release of liability to be effective against me, my spouse, my heirs, successors, and assignees.

By signing the Release of Liability, I signify that I have read and understand it. I also understand that my participation is dependent upon my knowing and voluntary execution of this Release of Liability.

Print Name _____ Date _____

Participant Parent Guardian

Signature _____ **challengemtn.org | 231.582.1186**
231.582.2152 f | PO Box 764 | Boyne City, MI 49712