



## Langwood Ropes Challenge Course Permission Form

### Assumption of Risk

I am aware in signing this document for participation in the Langwood Ropes Challenge Course experience, that certain elements of the program can be physically and emotionally demanding. I understand that although the professional staff and volunteers will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e., cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.) Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of the sponsoring agency, its staff and volunteers.

I understand that the Louisa County Conservation Board has the right to deny participation and that it is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff/instructors. If I do not understand specific instructions from the staff/instructor at any time I realize it is my responsibility to ask for clarity and/or assistance.

In signing this document, I authorize the leader of the activities to secure such medical advice and services as deemed necessary for my health and safety and agree to accept financial responsibility:

- Where my health and well-being is involved
- Where medical advice has been such that further services are required
- Where all reasonable attempts to contact family have failed or where the nature of the emergency does not allow time to make contacts
- Where the benefits of my provincial health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I understand and assume all dangers and risks associated with this course and waive all claims against Louisa County Conservation Board staff, volunteers, board members, agents and their heirs, executors and assigns, for any incidents that should occur due to my voluntary participation in this experience. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

I have completed and read the Louisa County Conservation Board Health and Assumption of Risk forms and fully understand them without question. The information I provided is accurate to the best of my knowledge.

If I have a history of heart disease or high blood pressure or am pregnant, an approval form from my physician is attached to this form.

### Publicity/Image/Voice Permission

The Louisa County Conservation Board normally takes photographs, video, and or tape recordings of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your signature below will be considered permission for Louisa County Conservation to photograph, film, audio/video tape, record and/or televise your image and/or voice for the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

Participant's Name (*Print*) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant (*or guardian if under age 18*)

\_\_\_\_\_  
Date

**The Medical Disclosure/Health Form must also be completed in order to participate.**



# Langwood Ropes Challenge Course Permission Form

*This form must be filled out in full.*

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (during the event): \_\_\_\_\_

Do you wear glasses or contacts? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently under a physician's care? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently taking medication? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you require special assistance of any type? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you had a recent injury, illness, or operation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have diabetes, seizures, frequent fainting/dizziness? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any neck, back or shoulder pain or injury? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your weight present health problems or limit physical activities? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a history of heart problems or high blood pressure? *(see note below)* \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you pregnant? *(see note below)* \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please explain answers to any questions marked "Yes:"**

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**If you have a history of heart disease and/or high blood pressure:**

Participants with a history of heart problems and/or high blood pressure are at risk while participating on the Ropes and Challenge Course due to the emotional and physical demands involved. Whereas heart attack and fatalities have occurred in Ropes and Challenge Course activities in individuals with pre-existing heart/high blood pressure conditions, the Louisa County Conservation Board cannot guarantee your physical safety should you choose to participate.

**If you are pregnant, please note the following:**

The activities involve twisting, turning, lifting, supporting body weights, unexpected physical contact, potential falling from various heights, and waist harness usage. By participating in these activities while pregnant, you will put yourself and your unborn child at risk and in potentially dangerous situations.

**The Louisa County Conservation Board requires all participants who have a history of heart problems and/or high blood pressure or who are pregnant to get written approval from their physician prior to participation.**