

**MOUNTAINEERING AND ROCK/ICE CLIMBING AND BACKCOUNTRY SKIING RELEASE OF LIABILITY,
WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.**

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Mountaineering, Climbing, Skiing and Related Activities.

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Mountaineering, Rock/Ice Climbing and Backcountry Skiing Activities, transportation of equipment related to the activities, and traveling to and from activity sites of which I am about to engage in. **Inherent hazards and risks include but are not limited to:**

1. Risk of injury from the activity and equipment utilized in Mountaineering, Rock/Ice Climbing and Backcountry Skiing is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or others' equipment.
3. My own negligence and/or the negligence of others, including employees, agents, independent contractors or representatives of Pikes Peak Alpine School, LLC., including but not limited to operator error.
4. Injury to hands, fingers, feet and toes, including but not limited to inflammation and/or strains of muscles, ligaments, and/or tendons, nerve damage or compression, and broken bones.
5. Injuries from falling may occur from exposure to high altitude, which may affect judgment and coordination, or from not paying close attention to your climbing or others climbing with or near you.
6. Broken bones, severe injuries to the head, neck, and back which may result in severe physical impairment or even death.
7. Discharge of weapons in or near the area of activity.
8. Cold weather and heat related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
9. Exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, lightning, high winds, temperature or weather conditions.
10. Attack by or encounter with insects, reptiles, and/or animals.
11. Accidents or illness occurring in remote places where there are no available medical facilities.
12. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
13. My sense of balance, physical coordination, and ability to follow instructions.

***I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death.**

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in Mountaineering or Rock Climbing related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named person or entities, herein referred to as releasees:

Pikes Peak Alpine School, LLC (PPAS)
2. To release the releasees, their officers, directors, employees, representatives, agents, volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. **Photographic Assignment:** I understand that PPAS reserves the right to take photographic or film (of whatsoever nature) records of any or all of its activities or trips and on behalf of myself and any of the children for which I am responsible I/we hereby agree that PPAS may use such records for promotional and/or commercial purposes without any remuneration to me. I/we hereby assign all right, title and interest I/we may have in or to any and all media in which my name or likeness might be used by PPAS.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

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

| | | |
|--------------------------------|--|-------|
| S/ _____ | _____ | _____ |
| Signature of Adult Participant | Name of Adult Participant (Please Print) | Date |

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

| | | |
|--|--|-------|
| S/ _____ | _____ | _____ |
| Signature of Parent or adult legal Guardian if Participant is a minor, and by their signature, they may on my behalf release all claims that both they and I have. | Name of Parent or adult legal Guardian (Print) | Date |
| | _____ | _____ |
| | Minor's Full Name (Please Print) | Date |

MEDICAL FORM | PIKES PEAK ALPINE SCHOOL, LLC

Participants Name: _____
(please print)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

may we add your email address to our newsletter list? Y / N

Activity: _____ (mountaineering) Date trip begins: _____

DOB: ___/___/___ Height: _____ Weight: _____

Have you had or do you now have (circle all that are yes):

Asthma High Blood Pressure Muscular-Skeletal Injuries

Diabetes Heart Murmur Fainting

Angina Heart Attack Frequent Headaches

Epilepsy Concussion Severe Bee Sting

Seizures Drug Reaction Easy Bruising/Bleeding

Chest Pains Shortness of Breath Cold Injuries (frostbite)

List date(s) of last occurrence, and explain: _____

List any allergies: _____

List current medications taken: _____

List any other medical conditions we should be aware of: _____

Name of physician: _____ Phone: _____

Name of emergency contact: _____ Phone: _____

By signing this form, you signify that the above is complete and accurate.

Signature of Participant

Date

Parent Signature of Minor

Date