

# YOUTH DYNAMICS CLIMBING TOWER and EQUINE ACTIVITIES REGISTRATION FORM

## IMPORTANT: Please Read Carefully!

I am aware that I am choosing to participate in activities on the Climbing Tower and with Equines which are physically and emotionally demanding and which contain certain risks and dangers. I recognize that there is a significant element of risk in these activities. I may be exposed to extraordinary physical hazards, weather conditions, or other unanticipated circumstances. I have provided the information below as to medical conditions which may affect my ability to participate. I am participating on my own free will and choice, without coercion, and acknowledging in advance there may be risks. I agree to assume the risks associated with my participation in these activities. Furthermore, I agree to hold harmless Youth Dynamics, its owners, representatives, instructors, employees, and all related entities including land owners and institutions which may sponsor or promote my participation, from any and all loss and damage, actions, claims and demands whatsoever, both to person or to property which may arise from my participation in these activities. These provisions apply to my heirs, executors, and all personal representatives. Youth Dynamics shall be entitled to recover its reasonable cost and attorney's fees if legal action is taken in connection with this agreement or results from participation in these activities. ***I agree to abide by all rules, standards, and regulations from these activities or to accept dismissal for refusing to follow them.***

|   |                |         |
|---|----------------|---------|
| Participant's Name <i>(please print)</i>  |                | Group # |
| Address:  |                |         |
| City:   | State:         | Zip:    |
| Home Phone:   | Work Phone:    |         |
| <b>MEDICAL INFORMATION</b>  |                |         |
| Height:   | Weight:        | Age:    |
| Do you have, or have you had any of the following: (Please explain all YES Answers) |                |         |
| Heart Problems  | Yes            | No      |
| Blood Pressure  | Yes            | No      |
| Back/Knee/Shoulder Injury or Operation  | Yes            | No      |
| Overweight  | Yes            | No      |
| Taking Medication   | Yes            | No      |
| Bee Sting Allergy   | Yes            | No      |
| Epilepsy  | Yes            | No      |
| Recent Surgery/other conditions   | Yes            | No      |
| Do you smoke?   | Yes            | No      |
| Any conditions which may affect my ability to participate:                          |                |         |
| <b>IN THE EVENT OF AN ACCIDENT OR MEDICAL EMERGENCY, PLEASE NOTIFY:</b>             |                |         |
| Name:   | Primary Phone: |         |
| Address:  | Other Phone:   |         |
| City:   | State:         | Zip:    |
| Relationship:   |                |         |
| Participant's Signature:  |                |         |
| Parent/Guardian's Signature:  |                |         |