



Boys to Men Mentoring Network

North Central Arizona

ACTIVITY

PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Name of Participant: _____

If under 18, Name of legal guardian: _____

In consideration of the services of Boys To Men Mentoring Network, including all of its officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for it or on its behalf (hereinafter collectively referred to as ("BTM")) and the right to engage in any sanctioned activities as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold BTM and associated organizations harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I understand that the BTM Activities involve personal growth and also involve known and unanticipated risks which could result in injury, paralysis, death, illness, or damage to the participant, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

A. The nature of the activity itself which involves:

1. Strenuous physical, mental, emotional, and intellectual activities such as outdoor and indoor games, rock climbing, rappelling, off-trail hiking, boating, paintball, small craft flying, and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue.
2. The potential for death; for injury to skeletal-neuro-muscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, or asthma attack), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or retraumatization relating to past psychological history);

B. The acts or omissions of BTM who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.

C. Latent or apparent defects or conditions in the equipment or property supplied by BTM or other persons or entities as well as the use or operation of such equipment.

D. Acts of other participants in this activity or other persons.

II. PARTICIPANT UNDERTAKINGS

1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in BTM Activities, including those risks listed above as well as those risks not specifically listed above.

2. I and my representatives understand, acknowledge and represent that my participation in all BTM Activities is purely voluntary and I elect to participate in spite of and with full knowledge of all the risks. I acknowledge that at all times I will be free to choose to leave the activity.

3. I and my representatives hereby authorize BTM to take any and all reasonable steps on my or my participant's behalf in the case of any injury, illness or condition I might suffer during a BTM Activity. BTM is hereby authorized to apply emergency first aid, engage medical care of any kind, or any other service that in the sole discretion of BTM may be deemed reasonable and necessary.

4. I and my representatives hereby voluntarily release, forever discharge BTM and agree to indemnify and hold BTM harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, my participation in any BTM Activities, my use of BTM equipment or facilities, or the provision by BTM of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.

5. In signing this document I fully recognize and acknowledge that if anyone is hurt or property is damaged, lost, or destroyed, as a result of participation in any BTM Activities, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against BTM.

6. I certify that I or my participant has sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage suffered or caused while participating in any BTM Activity. If I have no such insurance I agree to bear all the costs of any and all such expenses and liability.

7. I certify that I have completed the confidential medical questionnaire form required by BTM; that I have disclosed each and every physical, emotional or mental condition for which I have received treatment or am currently receiving treatment; that the information I have provided pertaining to my physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of BTM. I further certify that I have no medical condition which could interfere with my safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition I have whether or not I have previously disclosed that condition to BTM.

8. I have sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

Name of Participant: _____

Type AGREE, that you agree to the above terms: _____ Date: _____

Name of Parent or Guardian: _____

Type AGREE, that you agree the above terms: _____ Date: _____

CONFIDENTIAL MEDICAL RECORD

General Information

Boy's Name _____

Family Contact _____ **Relationship** _____

Address _____

Emergency Contact phone(s): _____

Physician _____ **Phone** _____

Insurance Co.: _____ **Phone** _____

Policy Number: _____ **Expiration Date:** _____

Does your child have any mental, emotional, medical or physical conditions that might affect his participation in any Boys To Men Activities? Please provide information about such conditions below: