 CATAMOUNT CENTER

3168 County Road 28, Woodland Park CO 80863

[www.catamountcenter.org](http://www.catamountcenter.org)

Program Director: Jared Mazurek

jaredmazurek@catamountcenter.org

719-687-0929

WAIVER OF LIABILITY FOR: **All activities at Catamount Center, including but not limited to hiking, canoeing, kayaking, paddle boating, swimming, ice skating, ice fishing, snowshoeing and camping.**

**General Liability:** Although The Catamount Center has done everything possible to ensure that our participants have a safe and enjoyable experience; we wish to inform you that there are inherent risks involved with participating in our programs and spending time within our facilities. During activities in natural areas, including our mountain campus at an altitude of 9,600 feet, participants will be exposed to situations that can cause accidental injury, illness, or in extreme cases, death. We do not want to reduce your enthusiasm for our programs, but we want you to be aware, in advance, of the possible risks. We do not allow sledding, tubing or snowboarding on our mountain campus.

**Acknowledgment of Risk:** I certify that I have read the above statement regarding the possible risks. Therefore, I assume full responsibility for myself and/or participating family members in the case of bodily injury, death, or loss of personal property and expenses thereof, as a result of our participation. I further certify that myself and/or participating family members are in good physical condition and able to undertake this program.

I agree to indemnify and hold harmless The Catamount Center, their agents, and employees from all claims, damages, losses, injuries and expenses arising out of, or resulting from, my and/or participating family members’ participation in any activity with The Catamount Center that are a result of my/our negligence or accident. I further agree to release, acquit, and covenant not to sue The Catamount Center, their agents, employees or contractors for any and all actions, causes of action claims, or damages as well as damages in law, or remedies in equity of whatever kind resulting from my/our negligence.

I, of my own free will understand and acknowledge the risks and liability for myself and/or any participating family members on this date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and for all subsequent programs at The Catamount Center.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***(If signing for a minor, you must be the legal parent/guardian)***

Primary Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Telephone Number (if different from yours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does participant have medical, physical limitations or allergies that should be brought to our attention? Y N

If so, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release:** In exchange for consideration received, I hereby give permission to The Catamount Center to use my name and/or participating family member’s name and photographic likenesses in all forms and media for advertising, trade, and any other lawful purposes.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_