



MONTANA NATURAL RESOURCES YOUTH CAMP

Montana State University Extension Forestry
The University of Montana
Missoula, MT 59812

Dear interested camper,

Thank you for your interest in the Montana Natural Resources Youth Camp.

Enclosed you will find a full application which should be completed and returned no later than **June 15th** with a \$100.00 deposit to:

Montana Natural Resources Youth Camp
c/o Christina Oppegard
W.A. Franke College of Forestry & Conservation
32 Campus Drive
Missoula, MT 59812-0606
Phone: 406-243-2773
Fax: 406-243-4715
Email: Christina.oppegard@mso.umt.edu

Please take time to read the application fully and accurately fill it out, and get all of the parent or guardian signatures required. Also please understand that each camper will be required to provide their own health insurance. The application should be sent back as soon as possible since there are only 30 positions available. Qualified campers are accepted based upon when we get the application in. The camp can fill up early, so don't delay.

A new optional program, the Conservation Leadership School, is available for return campers.

The people who organize this camp are very proud of the educational opportunity it provides to High School age youth in Montana. The instructors are all volunteers from the public and private sectors of natural resource management who offer campers a unique opportunity to see the real world applications of what they have been learning in school.

If you have any questions about the camp feel free to call me at (406) 243-2773, or you can reach me via email at: christina.oppegard@mso.umt.edu

Sincerely Yours,
MSU Extension Forestry

DEADLINE - June 15th

MONTANA NATURAL RESOURCES YOUTH CAMP APPLICATION

NAME _____ PHONE (____) _____
 (Please print or type)

ADDRESS: _____
 (Street) (City) (State) (ZIP)

MAILING ADDRESS IF DIFFERENT: _____

BIRTH DATE: _____ AGE (at time of camp) _____ MALE FEMALE
 (mm/day/year)

T-SHIRT SIZE (adult sizes): XS S M L XL 2XL 3XL

E-MAIL: _____ Parents/Guardians E-MAIL: _____

Contact Phone (24/7 availability throughout the duration of camp) : (____) _____

I am a return camper,
 and I want to participate in the optional Conservation Leadership School (see page 4 for details).

CAMPER RESPONSIBILITIES:

If I am permitted to attend the Montana Natural Resources Youth Camp, I agree to cooperate fully with the camp director, instructors, and camp staff. I will take advantage of all reasonable opportunities afforded me to promote the conservation of natural resources in my own community, after I return home. I have read and accept the camp rules. I understand that violation of these rules is grounds for dismissal.

Please check the following box to acknowledge your understanding of your responsibilities as a camper.

CAMP REGISTRATION FEE: (Make checks payable to MNRYC; sorry, no credit cards)

Enclose a **\$100.00 deposit**, which covers only part of the cost of lodging, meals, camp activities, and educational materials for the camp period. **Full fee for the Core Program is \$200.00.** If you are a return camper and would like to participate in the **Conservation Leadership School (CLS)**, the full fee is **\$250.00.** It is your responsibility to seek out sponsorship(s) in your local community (such as conservation district or other organizations and agencies). If local sponsorship is not available please contact us at (406) 243-2775, or email director@mnryc.org, so we may assist you in finding a sponsor.

Please write the words **“camp fees”** and the **name of the camper** on the memo line of your check.

Name of Sponsor, if any _____

(It is highly recommended that campers give a formal report to their sponsor after returning from camp.)

***** Camp fees cannot be refunded after one month prior to camp.** I will notify the coordinators of the camp if it will be impossible for me to attend.

Montana Natural Resources Youth Camp Sponsorships

The camp fee of \$200 (\$250 for CLS) is required for each camp participant. Although campers are welcome to pay for the entire fee on their own, they may also seek sponsorships from a variety of agencies and organizations. A sponsorship usually consists of a \$100 stipend awarded to a camper and mailed directly to the Camp Director. **Note: make sure sponsor uses the words “camp fees” and the name of the camper on the memo line. Do not use the words “scholarship” or “sponsorship”.**

Stipend amounts may vary by organization, area, and year and have traditionally ranged from \$25 to \$200. Past sponsors have been:

- Conservation Districts
- The Montana Stock Growers Association
- The Rocky Mountain Elk Foundation
- The Montana Tree Farm System
- The Montana Society of American Foresters
- Montana Association of State Grazing Districts
- Local Community Organizations
- Local wood products industry (sawmills, post and pole producers, lumber yards)
- USDA Forest Service employee organizations (Check with your local National Forest District)
- Local businesses such as hardware stores, implement dealers, car dealerships

A letter of support and legitimacy for a sponsorship may be obtained from the Camp Director.

The \$200 fee covers approximately 25% of the cost per student. The balance is covered by larger grants from a variety of agencies and non-government organizations and industries that are obtained by the MNRYC board of directors on an annual basis.

CAMPER'S NATURAL RESOURCE BACKGROUND:

A. What natural resources experiences have you had? (Camping, farming, fishing, hiking, etc.)

B. What are your favorite hobbies and activities?

C. What is one new natural resources activity you would like to experience?

D. What would you like to learn about natural resources while at camp?

E. How did you find out about this camp?

F. In what newspapers would your family like to see an article about camp written?

RECOMMENDATION:

Please obtain a recommendation letter from one of the following: 4-H leader, teacher, county extension agent, Soil Conservation District employee, forester or other natural resources professional.

Upload a signed and scanned copy of the recommendation letter, and/or submit it with your application.

Recommendation letters should be addressed to:

Montana Natural Resources Youth Camp
ATTN: Christina Opegard
W.A. Franke College of Forestry & Conservation
32 Campus Drive
Missoula, MT 59812-0606

Conservation Leadership School – CLS

The Conservation Leadership School offers an advanced level program for **return campers**. CLS sessions run concurrently with the class sessions of the core MNRYC program, and share the schedule for the remainder of the week. CLS students spend the week together with the core campers with the added bonus of getting to enjoy a guided overnight backpacking trip.

During the advanced class sessions, we plan to visit active logging operations, a working ranch, tour a sawmill, study fisheries, and learn about stream and landscape restoration work following the Milltown Dam removal.

CLS students will explore the working landscape in the Blackfoot Watershed with local leaders and natural resource professionals. They will gain an understanding of land management perspectives, practices and decision making tools while enjoying hands on activities and lessons.

An additional fee of \$50 applies, for a full fee of \$250.

Space is limited. To be considered, check the appropriate box on page 2.

Students who are not selected to participate in CLS will be notified and automatically enrolled in the core program.

TRAVEL FORM
(To Be Completed by Parent/Guardian)

ARRIVAL:

My son/daughter will be arriving by: car bus airplane other

*If your son or daughter is traveling by bus or airplane, we will have someone meet them at the airport or bus terminal **if we have their schedule**. Please confirm with Christina Opegard at 406-243-2773 or by email at least 10 days prior to camp.*

If arriving by car who will be the driver of the car? _____

If your son/daughter is driving a vehicle to camp they will be required to give the ignition keys to the Youth Director and will not be able to use the vehicle for the duration of the camp.

If arriving by either bus or airplane to Missoula, please list the company or airline _____

Flight or bus number _____

Date and arrival time in Missoula _____

DEPARTURE:

My son/daughter will be leaving by: car bus airplane other

If leaving by car, who will be the driver of the car? _____

If leaving by either bus or airplane from Missoula, please list the company or airline _____

Flight or bus number _____

Date and departure time from Missoula _____

I understand, by checking the following box, that these instructions will be followed in getting my son or daughter to and from camp, and understand that I am certifying the accuracy of the travel information provided. Unless, I inform the camp coordinator of our permission for any change, our youngster will be expected to follow the instructions above.

By checking the following box you are providing your electronic signature certifying the above information.

Please indicate here, if you consent that we can share your contact information with other parents for possible car-pooling to and from camp.

Yes, please share my contact information for possible car-pooling.
 No, do not share my contact information.

CAMP RULES

The organizers of the Montana Natural Resources Youth Camp and the staff of Lubrecht Experimental Forest want your week to be filled with exciting experiences, new friendships and fun. To help make this happen, they expect each camper to be considerate of others, participate fully in the camp program and observe the following rules.

The camp rules are intended to assist in providing for the health, safety and social well-being of everyone attending camp. If a situation or question arises which is not clearly covered by this list, ask the Camp Director **before acting**.

If necessary to drive your personal car to camp, you will be required to give the ignition keys to the Youth Director and will not be able to use the vehicle for the duration of the camp.

Obtain the Camp Director's permission before leaving camp for any purpose.

Respect the camp facilities and natural surroundings — do not deface or destroy them in any way. Deposit your litter in the containers provided.

Respect others' privacy. Boys are not permitted in girls' cabins, nor are girls permitted in boy's cabins.

ALCOHOL, DRUGS, GUNS, TOBACCO, AND FIREWORKS ARE PROHIBITED. We reserve the right to search personal belongings for prohibited items.

Swim or engage in water sports only when a member of the camp staff is present. Wear life jackets when rafting or canoeing. Fish only if you have a valid Montana Fishing License.

Violation of any of these rules is grounds for dismissal of individuals or groups and forfeiture of camp fees. Parents will be promptly notified along with the person recommending the camper. Individuals so dismissed must call their parent or guardian and arrange transportation home at their own cost.

*It is not possible to anticipate every possible situation that might come up. In the absence of a rule regarding a specific activity or situation — **CONSULT A CAMP COUNSELOR.***

CODE OF CONDUCT AGREEMENT

I acknowledge that I understand the basic rules for participation in the Montana Natural Resources Youth Camp and agree to:

- *** Participate fully in the program.
- *** Be responsible for my own behavior and uphold exemplary standards for the group.
- *** Abide by the basic rules for living at the camp.
- *** Leave the camp facility in as good or better condition than I found it.
- *** Support and abide by the camp staff's leadership.
- *** Refrain from possessing or using tobacco, alcoholic beverages, illegal drugs, or fire-works.

Please check the following box to acknowledge your understanding of your responsibilities as a camper.

MONTANA NATURAL RESOURCES YOUTH CAMP

QuickFacts

WHERE: At Lubrecht Experimental Forest, approximately 30 miles east of Missoula, on Highway 200.

WHEN: Campers should arrive between 3 and 4 p.m. on Sunday. They should be registered and settled into their cabins prior to 4:30 p.m. They should be on time in attending the camp orientation session at 4:30 p.m. The first meal will be at 5:30 p.m. on Sunday.

Campers are to be picked up at 5 p.m. on Friday, after the slide show. **Parents are encouraged to attend the slide show presentation at 4 p.m., which is the capstone of our week at camp.** The last meal will be a sack lunch on Friday at 5:00 p.m.

WHAT TO BRING TO CAMP: Bring your own bedding and other personal articles. Comfortable outdoor clothing and toilet articles, including towels, are necessary. Swimsuit, camera, flashlight, rain gear, warm clothing and shoes suitable for hiking are desirable. There will be some activities in the water so wading shoes may be in order. Mornings are often cold at Lubrecht, even during the summer so please bring some warm clothes. If you bring a car you will be requested to leave it parked during the camp and to turn in the keys to the camp director. The use of cell phones and similar communication devices will not be tolerated.

List of materials needed for camp (check list)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sleeping bag or bedding | <input type="checkbox"/> Shoes suitable for wading | <input type="checkbox"/> Water bottle or mug |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Cap or hat | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Bed sheet (twin size) | <input type="checkbox"/> Warm jacket (nights are cool) | <input type="checkbox"/> Insect repellent |
| <input type="checkbox"/> Towels, soap, shampoo | <input type="checkbox"/> Rain gear | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Toothpaste etc. | <input type="checkbox"/> Swimsuit | <input type="checkbox"/> Alarm clock |
| <input type="checkbox"/> Hiking boots | <input type="checkbox"/> Eyeglass strap (if you wear glasses) | <input type="checkbox"/> Small backpack |
| <input type="checkbox"/> Extra shoes | | <input type="checkbox"/> Personal Medication, (if any) |

Optional Equipment

Camera	Binoculars
Compass	Baseball glove
Musical instruments	Hand lens

DO NOT BRING (or it will be collected during camp, and returned at the end)

Jewelry

Portable stereos, CD players, iPods, etc.

Cell/smart phones, or similar electronic communication devices

Live music is encouraged and welcome at campfires and free time. Recorded music (CD's, MP3, iPods, etc.) will not be allowed, so that other aspects of living in a camp setting can be enjoyed.

ALCOHOL, DRUGS, GUNS, TOBACCO, AND FIREWORKS ARE PROHIBITED

We reserve the right to search personal belongings for prohibited items.

KEEP THIS FORM — BRING IT TO CAMP WITH YOU

INSTRUCTIONS REGARDING FORMS, ACKNOWLEDGMENTS AND RELEASES:

Please print out the following:

- **Camper’s Medical Form**
- **Parent/Guardian Acknowledgement, Release and Power to Authorize Medical Treatment**
- **Model Release**
- **Montana River Guides Participant Agreement, Release and Assumption of Risk**
- **City of Missoula Ropes Course and Climbing Wall Release and Assumption of Risk**
- **City of Missoula Ropes Course and Climbing Wall Medical Release**

No later than June 15th please return each of these completed forms with original signatures to:

**Montana Natural Resources Youth Camp
ATTN: Christina Opegard
W.A. College of Forestry & Conservation
32 Campus Drive
Missoula, MT 59812-0606**

A camper will not be eligible to participate unless all forms are completed, signed and returned as instructed above.

CAMPER'S MEDICAL FORM

Dear Parents,

The MNRYC will have an **on-site First Aid station** for this year’s Montana Natural Resources Youth Camp and will have arranged to have basic supplies available in the event of an accident or illness. We can assure you that your child’s safety will be of utmost importance throughout the camp and that we anticipate a safe and fun experience for everyone involved.

We require basic medical information for each camper. Please complete the forms below. Please make sure your child has enough of their medications to last the wholecamp.

Sincerely,
The Montana Natural Resources Youth Camp

Participant’s Name _____ **Date of Birth** _____ **Age** ____

Social Security# _____

Emergency Contact #1 Name: _____ **Relation:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: (_____) _____ **Work Phone:** (_____) _____

Emergency Contact #2 Name: _____ **Relation:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: (_____) _____ **Work Phone:** (_____) _____

Primary Care Physician: _____ **Phone:** (_____) _____

Medical Insurance Coverage _____ **Policy #** _____

Known Medical Conditions (e.g., diabetes, asthma, developmental disabilities, communicable diseases, etc.)

Medication	Reason taking	Dose	Doses per day	Time of dose(s)	Prescribing doctor	Noted side effects

CAMPER’S MEDICAL FORM (continued)

1. Do you have any physical complaints or chronic illness at this time? Yes No
 If so, what? _____

2. Are you under the care of a doctor of any sort? Yes No
 If so, for what? _____

3. Do you have or have you had? Diabetes Asthma Heart problems Seizures None
 If so, what are you taking? _____

4. Do you have any allergies and/or reactions to allergens, like food, medications, or pollen? Yes No

5. Do you have any other allergies? Yes No

6. Special dietary needs? Yes No
 Explain: _____

7. Do you wear MedicAlert tags? Yes No Where? _____

8. Date of last Tetanus shot: _____

9. I give my child permission if needed (under supervision of the camp First Aid person) to take simple medications such as Tylenol, Advil, Ibuprofen, antacids, antihistamines, cough syrup, cough drops, etc. (as per label instructions). Yes No
 Special conditions _____
 If your child regularly takes any of these please have them bring their own.

I am of the opinion that the above named camper can safely participate in this event and that he or she has no contagious or communicable disease.

His or her health is Poor Fair Good

I hereby give my consent for (campers’ name) _____ to attend this event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure proper treatment (including emergency surgery) for my child. In case of minor emergency, I hereby give permission for the camp First Aid person to administer first aid.

 Date Signature of Parent/Guardian Printed Name of Parent/Guardian

Parent/Guardian Acknowledgement, Release and Power to Authorize Medical Treatment

I hereby grant _____ permission to attend the Montana Natural Resources Youth Camp.

I understand that each camper is required to be covered by health or accident insurance that is provided by their family or guardians. The Montana Natural Resources Youth Camp does not provide health or accident insurance coverage.

I have read the Camp Rules and understand that violation of them is grounds for dismissal of my son or daughter and forfeiture of fees, and that the return home in the case of dismissal will be at my expense.

WHEREFORE, pursuant to the consent that I have granted above for the minor child’s participation in the Montana Natural Resources Youth Camp, my agreement to provide health or accident insurance for the minor child, and my understanding of the Camp Rules, I hereby make the following acknowledgments or releases:

1. I acknowledge that there is an inherent risk in the activities in which my child will engage during Montana Natural Resources Youth Camp. Those risks include, but are not limited to: dangerous natural conditions such as dangerous plants or insects; weather which could lead to dehydration, heat stroke, hypothermia or death; expected or unexpected encounters with wildlife which could lead to injury or death; dangerous natural conditions of rivers or streams which could cause injury or death or water temperatures which could lead to hypothermia and drowning; campfires; indoor and outdoor camp settings which may not have adequate lighting at night; hiking trails which may contain obstacles or uneven terrain; whitewater rafting on rapids which could cause occupants to suffer injury or death; ropes course and climbing wall the use of which could lead to participant suffering injury or death; exposure to water that could lead to accidental drowning; and damage to my child’s person or property. I agree to assume all risk associated with my minor child’s participation in the Camp.
2. I hereby waive any right to any claim against the Montana Natural Resources Youth Camp or any of its employees or agents for any injury, loss, damage, accident, delay or expense result from any act or omission of any carrier, government, private legal entity, or third person. I also assume sole responsibility for and agree to indemnify the Montana Natural Resources Youth Camp against any loss due to any financial obligation or liabilities that I may personally incur, or any damages or injury to persons or property that I or my minor child may cause during his or her participation in the course.
3. I further release the Montana Natural Resources Youth Camp from any claims arising from the aggravation of any physical disability or illness not disclosed to Montana Natural Resources Youth Camp and grant the employees and agents of the Montana Natural Resources Youth Camp full authority to take whatever actions they may consider to be warranted under the circumstances regarding my minor child’s health and safety, and, at their discretion, to place him or her in any hospital or in the hands of any local doctor for medical treatment at my own expense, or to transport my minor child by any means of conveyance required at my own expense for medical treatment or in the event of my demise.
4. I certify that my minor child is in good health and to my knowledge does not have any physical problems which would hamper his or her participation in said activities.
5. I certify that I have explained to my minor child that there are inherent risks involved in his or her participating in Montana Natural Resources Youth Camp which could lead to injury or death.
6. I certify that the information that I and my minor child have provided on the Camp application and all related forms and releases is accurate.

WHEREFORE, I have subscribed this document on this the _____ day of _____, 20____.

Parent Signature

Parent Name (please print)

Witness to Signature

Witness Name (please print)

Acknowledgement of Participant

I have read the acknowledgement of risks set forth in Paragraph 1 above, and am aware that my participation in Montana Natural Resources Youth Camp involves inherent risk which may lead to injury or death. I understand that I am assuming that risk by participating.

Participant Signature

Participant Name (please print)

Model Release

Parental Permission for Minors (under 18 years old)

Every year, the Montana Natural Resources Youth Camp (MNRYC) develops a camp video. Campers receive a copy of the camp video as a keepsake. During educational activities associated with the camp, campers and other participants may be photographed or filmed. This form grants permission to use images of campers for the camp video and other educational and promotional purposes that support the mission of the MNRYC.

I, (please print) _____, give the MNRYC permission to record still and motion images of the minor named below. I understand that these images will be in the public domain, i.e., the rights belong to the community at large, are unprotected by copyright or patent, and are subject to appropriation by anyone worldwide. I understand that the MNRYC may store these images for use in any medium in perpetuity.

Signing this form is neither mandatory nor necessary for camp participation. Without this permission, images of campers will not be featured in the camp video or other promotional material.

Minor's Name (please print) _____

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of **Montana River Guides**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MRG"), I hereby agree to release, indemnify and discharge MRG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that **whitewater river rafting, canoeing, riverboarding, kayaking, and/or river rescue classes** entail known and unanticipated risks, that could result in serious physical or emotional injury, paralysis, death, or damage to myself, 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: whitewater rapids will be encountered; your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; head injuries can occur; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke and heat cramps; also prolonged exposure to cold water can result in hypothermia; exposure to potentially dangerous wildlife, insects, plants; and accidental drowning is also a possibility.

Furthermore, MRG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant’s fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of all the risks.

3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless MRG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or use of MRG's equipment or facilities, including any such claims which allege negligent acts or omissions of MRG.

4. Should MRG or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MRG on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ E-Mail _____ Date _____

PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor’s name) (“Minor”) being permitted by MRG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MRG from any and all claims which are brought by, or on behalf of Minor, and are in any way connected with such use or participation by Minor.

Signature of Parent/Guardian _____ Print name: _____ Date: _____

Montana River Guides reserves the right to use any photographic or film records of this activity for promotion and/or commercial purposes.

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**CITY OF MISSOULA
ROPES COURSE AND CLIMBING WALL
RELEASE & ASSUMPTION OF RISK AGREEMENT**

I am aware and understand that Ropes Course and Climbing Wall are potentially dangerous activities with the potential for death, serious injury, and property loss. These risks include, but are not limited to, hazards of injury to my person or property while engaged in Ropes Course and Climbing Wall activity. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN MISSOULA’S PARKS AND RECREATION ROPES COURSE AND CLIMBING WALL. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person. I am aware and understand the risks of personal injury, accidents, and/or illness, include, but are not limited to sprains, strains, torn muscles, and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, and/or oxygen shortage; head, neck, and spinal injuries; shock; paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being.

I give permission for the City of Missoula personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the City of Missoula does NOT provide any medical insurance coverage for me while participating in ROPES COURSE AND CLIMBING WALL activities. I also realize that I may be attended by City of Missoula personnel assigned to my activity until medical care is available.

I, do hereby for myself, my heirs, executors, administrators, successors, and assigns, release, acquit, and forever discharge the City of Missoula, its employees, elected officials, and insurers from any and every claim, demand, right, or cause of action, property damage, personal injury, costs, loss of service, expenses of any kind, and any compensation whatsoever, which I may ever assert by reason of my or my child's presence and/or participation in THE CITY OF MISSOULA PARKS DEPARTMENT ROPES COURSE AND CLIMBING WALL, including any claims which might arise from natural, environmental, or weather conditions, and from the nature or condition or manufacture of any structures or appurtenances on the premises, and further including any and all claims which might arise from any use of any equipment which might be attached to or near any structures or appurtenances on the premises, or used in conjunction with the ROPES COURSE AND CLIMBING WALL instruction, and all claims which might arise out of the acts or omissions of other persons on the premises, whether directly connected with THE CITY OF MISSOULA PARKS DEPARTMENT ROPES COURSE AND CLIMBING WALL or not. I hereby authorize the City of Missoula to use my likeness or picture, or that of my child, in any photograph or advertising for promotion of the Parks and Recreation Programs. I hereby acknowledge that this release is voluntarily given with full knowledge of the meaning and consequences of this release.

I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

NAME OF PARTICIPANT: _____

*Signature: _____ Date: _____

*Parent or Legal Guardian if under 18 years of age.

*Printed Name _____

PLEASE READ & SIGN BOTH SIDES - THIS IS A LEGAL DOCUMENT.

5/07

**CITY OF MISSOULA
ROPES COURSE AND CLIMBING WALL
MEDICAL RELEASE**

NAME OF PARTICIPANT: _____

Address _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

I DO ___ DO NOT ___ have any physical problems, acute or chronic, which instructors should be aware of while I am participating on the Ropes Course and Climbing Wall. PROBLEMS: (list)

I consent to willingly participate in the Ropes Course and Climbing Wall Programs. I understand this program involves a variety of activities including but not limited to warm ups, group initiative problems, high and low Ropes Course and Climbing Wall elements, which are rigorous physical adventure activities.

In particular this type of rigorous activity can result in a highly elevated heart rate. I also acknowledge that I have been informed that due to the stresses both emotional and physical which cause this highly elevated heart rate, there have been documented fatalities on other ropes courses as a result of cardiac arrest.

I fully understand that there is risk involved in my participation in this activity. I hereby agree that the City of Missoula and the Parks and Recreation Program will not be held liable for any injury, accident, or heart condition resulting from my willing participation in the Ropes Course and Climbing Wall.

*****It is recommended that you obtain a thorough physical examination, which includes a symptom limited maximum exercise stress test, if you meet two or more of the following preconditions before you participate on the Ropes Course.**

Please check the following preconditions that apply to you.

Family history of heart diseases

Smoker

Obesity

Diabetes

Sedentary lifestyle

Hypertension

SIGNATURE: * _____ DATE: _____

*LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE.

**PLEASE SIGN BOTH SIDES.
READ BOTH SIDES CAREFULLY - THIS IS A LEGAL DOCUMENT.**

5/07