RiverRescue-Training.com

Division of Double K Retreat & Adventure Center
PO Box 98, Easton, WA 98925
ph: 503-913-2692

Release Form

ACKNOWLEDGEMENT OF RISKS

ASSUMPTION of RISK and RESPONSIBILITY

READ BEFORE SIGNING

1. The risk of injury from the activities involved in this training is significant, including the potential for permanent paralysis and death. While leadership, particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AGREE ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation or feel I am not competent to perform a specific activity, I will remove myself from participation and bring such to the attention of the RiverRescue-Training.com staff immediately;

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS RiverRescue-Training.com [Cogar Educational Services LLC.], their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I furthermore give RiverRescue-Traning.com., television stations or newspapers permission to use photographs of me participating in the activities. I also empower them to remove me, from 'a training' at my own expense if my behavior compromises safety, or is determined to be detrimental, by the staff, to the purposes of the training.

6. Students are required to provide their own health/ medical coverage.

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

X _____ Age: _____ Sex: ____ Date: _____

Participant's Signature

Email Address: _____

•••COMPLETE BOTH SIDES•••

Medical Form

RiverRescue-Training.com

PARTICIPANT NAME *print* _____AGE_____

Address_____ Male ☐ Female ☐

City_____State_____Zip_____

IN CASE OF EMERGENCY, CALL:

NAME_____ Relationship_____

Day Phone _____ Night Phone _____ Cellular Phone _____

Doctor's Name_____ Doctor's Phone_____

Insurance Co._____ Insurance ID#_____

We/I give our/my consent to RiverRescue-Training.com or Cogar Educational Services LLC. to authorize emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery and the administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is necessary for the mental or physical health of the participant and we/I cannot be reached within a reasonable time to obtain our consent to treatment. We/I either have appropriate insurance or, in its absence, agree to pay all the costs of rescue and/or medical services as may be incurred on my/our behalf.

Participant Signature_____ Date_____

Medical History:

Have you had, or do you currently have: (Circle Yes or No)

1. **Heart Problems YES NO**
2. **Allergies (Bees, Drugs, etc.) YES NO**
3. **Low or high blood pressure YES NO**
4. **Dizziness, recurrent headaches, fainting YES NO**
5. **Diabetes YES NO**
6. **Lung problems or asthma (carry inhaler?) YES NO**
7. **Back problems YES NO**
8. **Any known phobias YES NO**
9. **Any known diseases or illness. YES NO**
10. **Drugs or medications being taken YES NO**
11. **Severe abdominal or menstrual pain YES NO**
12. **Emotional impairment or disabilities YES NO**
13. **Epilepsy or convulsions YES NO**
14. **Recent sprains, fractures, or dislocations YES NO**

Please explain any items circled YES

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

***Are you currently pregnant? YES NO**

Blood Type _____ **Date of last Physical Exam**_____

DO YOU KNOW OF ANY HEALTH PROBLEMS OR CONDITIONS YOU HAVE THAT WOULD PREVENT YOU FROM PARTICIPATING IN OUR TRAININGS? YES NO

_____

_____

Immunizations:

Tetanus YES NO UNKNOWN **Date:**_____ **Hepatitis A** YES NO UNKNOWN **Date:**_____

MMB YES NO UNKNOWN **Date:**_____ **Hepatitis B** YES NO UNKNOWN **Date:**_____

[5/2010] •••COMPLETE BOTH SIDES•••