



Five Rivers MetroParks Confidential Participant Risk/Release Form

Five Rivers MetroParks • 409 E. Monument Avenue • Dayton OH 45402 • 937-275-PARK

Program Name: TVT Challenge

Adventure programs are available to anyone. However, not everyone is physically or emotionally capable of performing well in these situations. Outdoor recreation participants may find themselves not only in a physically demanding activity but also in one that has inherent natural dangers, such as lightning, moving water, rock falls, etc. People are seriously injured and die every year from participating in outdoor recreation activities.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

CELL PHONE: _____ HOME PHONE: _____

AGE 0-17 18-35 36-45 46-55 56-65 66-74 75 +

Risk & Release Waiver PLEASE READ CAREFULLY

As part of the consideration tendered for myself (or my child/ward) being permitted to participate in Five Rivers MetroParks programs, I agree (for and on behalf of myself and my child/ward) to, and do hereby waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Board of Park Commissioners of Five Rivers MetroParks, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any description which I (or my child/ward) may sustain arising out of, or in any way associated with my (or my child's/ward's) participation in Five Rivers' MetroParks Outdoor Recreation program.

Consent to Treat:

In the event of injury or illness, I authorize (on behalf of myself or my child/ward) Five Rivers MetroParks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Five Rivers MetroParks' choice. This release is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances for myself, or in my absence, for the minor child/ward listed.

Photo Release:

I authorize Five Rivers MetroParks to publish, in print, electronic, or video format, the likeness or image of myself or my child/ward, without limitation. *Please initial here to decline the Photo Release.*

SIGNATURE: _____ DATE: _____
(If participant is a minor, a parent/guardian must sign.)
PRINT NAME: _____ Relationship to participant if under 18: _____

Emergency Contact:

NAME _____ PHONE: _____

NAME _____ PHONE: _____