

MOUNTAIN VIEW SDA MOUNTAINEERS MGO CLUB
AFFIRMATION AND LIABILITY RELEASE
(Read carefully before signing)



(Participant's Name—Please Print, if under 18, a parent/guardian must also sign)

I/WE, _____, hereby affirm that I/we have been completely informed of the inherent hazards of outdoor education activities.

I/we understand that while these activities, as set forth below (hereinafter referred to as "Activities"), may not be particularly hazardous when pursued carefully by properly trained and experienced participants, such activities may occur in a hazardous environment. The hazards can be diminished by the development of skills and knowledge acquired through training and experience. Therefore, I specifically agree to listen to all instruction and obey any safety requirements directed by the Activity Sponsors, and staff Members of the MOUNTAINEERS MGO CLUB.

I/we hold MOUNTAIN VIEW SDA CHURCH and MOUNTAINEERS MGO CLUB, the ALBERTA CONFERENCE OF SDA, North American Division and the General Conference or any agent thereof (hereinafter referred to as "RELEASEES") free from any and all liability and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with my participation in such Activities and in addition, do give specific authorization to the Staff to authorize hospital medical treatment for any activity-related, injury or illness should such occur during the course of my participation.

Further, I/we understand that these Activities involve certain risks and that injuries can occur that require treatment in a medical facility. I/we further understand that the MOUNTAIN VIEW SDA MOUNTAINEERS MGO CLUB program trips and Activities may be conducted at a site that is remote, either by time or distance or both, from such a medical facility, and nonetheless agree to proceed with such activities. I/we still wish to proceed with the Activities in spite of the possible absence of a medical facility in proximity to the activity site. Further, I/we understand that the sponsoring organization may or may not have a nurse or other medical professionals available during the Activities. I/we still wish to proceed with the Activities in spite of the possibility that the sponsoring there may not be medical professionals on site to provide medical treatment in the event of injury or illness.

I/we understand and agree that the Staff, Principals and/or Agents, and any activity site and/or facility, will not be held liable in any way for any occurrence in connection with these Activities that may result in injury, death, or other damages by me or my family, heirs, or assigns, and in consideration of being allowed to participate in these Activities. I hereby personally assume all risks in connection with said Activities, for any harm, injury or damage that may befall me while I am a participant in the Activities, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless said program and persons from any claim by me, or my family, estate, heirs, or assigns, arising out of my participation in these activities. (If signed by a parent or guardian) I as the parent and/or guardian agree to hold the Staff, Principals and/or Agents harmless and agree to indemnify said Staff, Principals and/or Agents for any damages, including attorney fees, and defend said Staff, Principals and/or Agents from any claim that my child and/or ward may bring against the Staff, Principals and/or Agents as a result of their participation in the Activities.

I/we further state that I am of lawful age and legally competent to sign this affirmation and release, or that my parent(s) or guardian(s) have also agreed by executing this agreement; that I/We understand terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

It is the intention of _____ by this instrument to exempt and release
(Name—Please Print)

MOUNTAIN VIEW SDA CHURCH and MOUNTAINEERS MGO CLUB, other Sponsors, Staff Members, the ALBERTA CONFERENCE OF SDA, North American Division of SDA and the General Conference of SDA and/or any activity site and/or facility from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence for the following activities from said date SEPTEMBER 22, 2023 to SEPTEMBER 22, 2024.

(Please initial the following activities in which you/your legal guardian exempt and release all liability.)

- | | | | |
|--|----------------------------------|--|---|
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Camping | <input type="checkbox"/> Hiking | <input type="checkbox"/> Caving |
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Rafting | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Ski/Snowboarding |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Biking | <input type="checkbox"/> Jogging/Running | <input type="checkbox"/> Bonfires |

EACH OF THE ABOVE SPECIFIC ACTIVITIES MAY BE HAZARDOUS.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.

Signature _____ Age _____
Address _____

Signature of parent or guardian (if applicable) _____

Date: _____ Witness _____

MOUNTAIN VIEW SDA MOUNTAINEERS MGO CLUB HEALTH STATEMENT FORM

The proposed activities provided by MOUNTAIN VIEW SDA MOUNTAINEERS MGO CLUB require participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart-related or other diseases. All participants must be free of medical or physical conditions which might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should consult a physician. (NOTE: If you have had any heart-related problems, you will need to have a release form from a physician in order to participate in the activities.)

Name _____	Date of Birth _____	Gender _____
Address _____		Age _____
City, State, Zip _____		
Emergency Contact _____		Relationship _____
Emergency Contact Address _____		Home Phone _____
City, State, Zip _____		Other Phone _____

HEALTH HISTORY

Have you had or do you currently have any heart problems?	Yes	No
Do you frequently suffer from pains in your chest?	Yes	No
Do you often feel faint or have spells of dizziness?	Yes	No
Has a doctor ever told you that you have high blood pressure?	Yes	No
Do you have arthritis, joint, or back problems that are aggravated by exercise?	Yes	No
Have you had any operations or serious injuries?	Yes	No
Do you have any physical disabilities or chronic recurring illness?	Yes	No
Do you have epilepsy or other seizure disorder?	Yes	No
Do you have diabetes?	Yes	No
Do you have allergic reactions?	Yes	No
If yes, please list all allergies _____		
Are you currently sick and/or using medication?	Yes	No
If yes, please list _____		
Do you have any prescribed meal plan or dietary restrictions?	Yes	No
If yes, please describe _____		
Are there any activities to be limited/discouraged by physicians' advice?	Yes	No
If yes, please list and explain _____		
Do you carry extended health insurance?	Yes	No
Carrier _____ Policy # _____		

General health statement

Please list/explain any additional medical information (use additional paper if required and attach to this page)

Representation and Emergency Authorization

I have completed this health history honestly and completely, and I believe my health is satisfactory to participate in the Activities.

I hereby give permission to the medical personnel selected by MOUNTAIN VIEW SDA MOUNTAINEERS MGO CLUB to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but is not limited to, charges incurred for the providing of aid and arranging evacuation if MOUNTAIN VIEW SDA MOUNTAINEERS MGO CLUB or its agents determine that such evacuation is necessary and desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and or any medical care, and I acknowledge any restrictions placed on my activities.

Signature of Participant _____ Date _____

Signature of Parent or Legal Guardian (if applicable) _____ Date _____

Witness _____ Date _____