



# DOYLESTOWN ROCK GYM

**Office Use Only**

The Adventure Center, Inc.  
3853 Old Easton Rd, Doylestown PA 18901

Facility: 215-230-9085 Fax: 215-230-6920  
info@doylestownrockgym.com

**PLEASE PRINT CLEARLY & COMPLETE ALL INFORMATION**

Today's Date

Participant's Name

Birth Date

Address

City

State

Zip

Phone

## Medical Information Form

Outdoor activities carry certain inherent risks. Some can be strenuous and are of a different nature than physical activities that participants are normally involved in. Every precaution is taken to ensure the safety of all involved. Individual limitations may effect participation in certain activities. We ask that you honestly answer the following questions so that our staff can be fully informed about your health.

If you answer "YES" to any of the following conditions, please explain further in comment area.

YES	NO	Comments
		Allergies
		Asthma
		Back or Joint Problems
		Convulsive Disorders
		Currently Pregnant
		Currently Taking Medications
		Diabetes
		Heart Disease or other cardiac conditions
		High Blood Pressure
		Hospitalization within last year.
		Under Care of Physician

Please explain any conditions or physical limitations that may effect your ability to participate. Please write "none" if no such things exist.

Do you currently have medical insurance: YES NO. Company Name \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

**RELEASE AND COVENANT NOT TO SUE: IMPORTANT NOTICE**

THIS IS A LEGALLY BINDING, NON-ALTERABLE DOCUMENT. IF YOU DO NOT UNDERSTAND THIS DOCUMENT, LEGAL ADVICE SHOULD BE SOUGHT BEFORE TAKING PART IN ANY ACTIVITY. By signing this document, you are giving up your right to bring a Court action, now or anytime in the future, in order to recover compensation or obtain any other remedy for any injury to yourself or your property, including your death however caused, arising out of your use of the facilities and/or services of The Adventure Center, Inc. (DBA Doylestown Rock Gym)

**ACKNOWLEDGEMENT OF RISKS**

The undersigned individual ("User") acknowledges and agrees that the sport of rock climbing and the use of the facilities owned and/or maintained by The Adventure Center, Inc. (dba Doylestown Rock Gym), A Pennsylvania corporation ("Gym") including without limitation its' climbing wall, training facilities and equipment as well as outdoor parks and climbing areas("Facilities"), has inherent dangerous risks. User fully recognizes and appreciates the dangers inherent with climbing activities. User agrees that User is assuming the complete risk of harm since User desires to climb. User realizes that User is subject to injury from this activity and that no form of pre-planning and/or training can remove all of the dangers to which User is being exposed. User further represents and warrants to Gym that User has full knowledge of the nature and extent of all the risks associated with rock climbing and use of the facilities, including but not limited to:

1. All manner of injury, including but not limited to cuts and abrasions, resulting from falling off or coming in contact with the climbing surfaces, structural faces and projections, the ground, ropes, entanglement and other injuries resulting from activities on or near the climbing area including climbing, belaying, rappelling, lowering on rope, rescue systems and any other rope techniques;
2. Injuries resulting from falling climbers or dropped items, such as, but not limited to ropes or climbing hardware, camera, packs, personal gear, water bottles, as well as tree braches, rocks and other natural objects.
3. Hiking, walking or general means of travel in rugged and/or steep terrain including falling or slipping.
4. Failure of ropes, slings, harnesses, climbing hardware, anchor points and/or any other equipment utilized by the company whether or not supplied by the company.
5. Forces of nature both predictable and unforeseen including lightening weather changes, hypo/hyperthermia, sunburn, high winds, as well as injuries inflicted by animals, insects, reptiles or plants.

User further acknowledges that the above list of risk factors is for illustration purposes only and is not an exclusive and/or exhaustive list. The above list in no way limits the absolute and comprehensive nature of this Release and Covenant Not to Sue. User may be injured in manners not listed above and User agrees that User, by the Release below, releases the Gym as stated in the Release below for any injury whatsoever.

**RELEASE**

In consideration of User's permission to use the facilities, User agrees that User shall release, remise and on behalf of User, User's heirs, personal representatives and assigns does hereby release, remise and forever discharge the Gym, its' officers, directors, shareholders, attorneys, contractors, consultants, assigns, affiliates, agencies, workmen and/or employees (collectively, "Employees") of and from any cause of action, claim, demand, right, damage, loss, expense and/or compensation of any nature whatsoever including but not limited to any claim of negligence, which User, User's heirs, personal representatives and assigns may now have, or in the future shall have against the Gym on account of personal injury, property damage, death or accident of any kind, the consequences thereof and the consequential damages therefrom, arising out of or in any way related to User's use of the facilities, whether that use is supervised or unsupervised by the Gym or its' employees, regardless of how the injury or damage is caused, including, but not limited to, the negligence of the Gym and its' employees.

This release is a Pennsylvania contract and User consents to the jurisdiction and venue of Bucks County, Pennsylvania for any action relating to this Release, regardless of User's residence or domicile.

User represents and warrants to the Gym that User is of lawful age (18 years or older), or has an accompanying parent/guardian present to co-sign, and is otherwise legally competent to sign this Release. User further understands that the terms of this Release are legally binding and User certifies that User has signed this Release of User's own free will, after having carefully read and understood it.

**IN WITNESS WHEREOF, User has executed this Release on the day of \_\_\_\_\_, 200\_\_.**

**Signature of participant named on the front of this form** \_\_\_\_\_.

<b>IF USER IS A MINOR:</b> If User is a minor, the User's parent and/or guardian must sign this consent. By signing this Release, the parent and/or guardian agrees that the parent and/or guardian has read this Release in full, understands the risks and hazards inherent in rock climbing and agrees that the minor and the parent/guardian shall comply with the terms and conditions set forth in the above Release.	
<b>Parent/Guardian Signature</b> _____	<b>Print Name</b> _____