

Participant Form

Please complete for each participant:		Date:
Participant Name:	Sex:	Email:
Phone #: Age:		[] Don't keep in touch with me
I []do []do not have medical conditions that interfer	e with	ny ability to participate in APEX activities
List and detail all allergies, medical history, conditi	ons , ar	medications:
Which medications are you carrying?		
Signature (P or G if < 18):		Printed Name:
PARTICI AND ASSU	PANT R	LEASE OF LIABILITY OF RISK AGREEMENT ORE SIGNING***
In consideration of being allowed to participate in any way in the proand agree that:	ogram, re	ated events and activities, I the undersigned, acknowledge, appreciate,
1. The risk of injury from the activities involved in this program is significant.	gnificant	ncluding the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH NEGLIGENCE OF THE RELEASEES or others, and assu		
3. I willingly agree to comply with terms and conditions for particip remove myself from participation and bring such to the attention		observe any unusual significant hazard during my presence or participation, I will arest official immediately.
	blicity, p	n, whether on or off the premises, I consent to the use of any photographs, motion, television, websites or any other use, and expressly waive any right of me.
HARMLESS Apex Mountain School, Inc., dba Apex Mountain other participants, sponsors, advertisers, dba's, and, if applicable Fleischer, Gritt Fleischer, Access Fund, and THE VAIL CORPORATION	School, f e, owners ON from or dama	Ind next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD remerly dba Apex Adventure Guides, its officers, officials, agents and/or employees and lessors of premises used to conduct the event (RELEASEES), including Bill my and all claims, demands, losses, and liability arising out of or related to any e to person or property, WHETHER ARISING FROM THE e fullest extent permitted by law.
		TION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND
Participant's Signature:		Age: Date:
This is to certify that I, as parent/guardian with legal responsibility for Releasees, and, for myself, my heirs, assigns, and next of kin, I release	or this pa	AGE (UNDER AGE 18 AT TIME OF REGISTRATION) icipant, do consent and agree to his/her release as provided above of all the ee to indemnify and hold harmless the Releasees from any and all liability incidents d above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fulles
Parent/Guardian Signature:		Date:

Emergency Phone Number(s):