

Physician Consultation

If you checked **any** boxes in **Part Two - Medical History**, we strongly recommend that you consult with your physician prior to participating in a Dragon's Den activity.

Diabetes, smoking, sedentary lifestyle, being overweight, family history of heart disease, and age (over 45) are also recognized as cardiac risk factors. If you have **three or more** of these risk factors, we strongly recommend that you consult with your physician prior to participating in a Dragon's Den activity.

This medical information form is intended to help prospective participants determine who may need to consult with his/her physician prior to participation. If you are uncertain about any pre-existing medical conditions, we strongly recommend that you consult with your physician prior to participating in a Dragon's Den activity. If you or your physician requires additional information about any particular Dragon's Den activity, please contact us.

In preparation for this Dragon's Den's program I have consulted with my physician: (circle one) yes no

If **yes**, check most appropriate description:

- I have been advised that I may participate fully in the program without limitation
- I have been advised that I should not participate in the Dragon's Den's program
- I have been advised that I may participate in the program, but should avoid certain activities.

Please provide additional information: _____

Participant Release of Liability

I affirm that the confidential medical information that I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Dragon's Den harmless. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

Part 4 - ACKNOWLEDGEMENT OF RISKS

I understand that parts of the Dragon's Den's program may be physically and emotionally demanding. I agree to follow all safety instructions given by Dragon's Den's staff during the programs. I recognize the inherent risk of injury or disability in Dragon's Den's activities. I understand that each participant must assume the risk of injury or disability that could result from any of these activities. I release Dragon's Den, its staff members, volunteers and Board of Trustees, from all liability for any injury to me from participation in Dragon's Den's activities, including, but not limited to:

1. All manner of injuries resulting from falling off the ropes course, hitting the ground or floor, rope abrasions, entanglement and other injuries resulting from activities on or near the challenge course.
2. Injuries resulting from falling climbers or dropped items, such as, but not limited to ropes or climbing hardware.
3. Cuts and abrasions resulting from contact with ropes, other climbers, equipment and/or the facility in general.
4. Failure of ropes, slings, harnesses, climbing hardware, anchor points and/or any other equipment utilized by Dragon's Den.
5. Incidental injuries resulting from tripping or stumbling while participating in games and related activities.

I understand that the description of risks is not complete and that other known and unknown risks may result in injury.

I affirm I do not exceed the weight and height limitations of the programs I chose:

Floating Dragon 1: max limit 55" and 135 lbs

Floating Dragon 2: max limit 78" and 300 lbs

Soaring Dragon: max limit 78 " and 300 lbs

COVID-19 ASSUMPTION OF RISKS

I understand that while Dragon's Den has taken all the necessary precautions to lessen the risk of transmission of COVID-19, Dragon's Den is not responsible in any manner for any risks related to COVID-19 in connection with the activities. I affirm that neither I, nor any household members, have been in close contact (within six feet for 15min) with someone known to have COVID-19, OR been told by a public health official that I may have been exposed to COVID-19 in the last 14 days, OR shown any symptoms OR tested positive for COVID-19. I affirm that I have not returned within the past 14 days from domestic travel to a region that is deemed as high risk by the PA Department of Health. As of September 4th, those states are: AL, AR, FL, GA, HI, ID, IL,IA, KS, LA, MS, MO, NV, NC, ND, OK, SC, SD, TN, TX. I understand that Dragon's Den cannot be held liable for any exposure to COVID-19 and my participation could increase my risk of contracting COVID-19. I agree to follow Dragon's Den COVID-19 protocols of social distancing and mask wearing at all times on or around Dragon's Den property. I understand that failure to do so may result in being asked to leave Dragon's Den without a refund.

Photo/Video/Media Release

I hereby assign and grant Dragon's Den my permission and consent to the taking of photographs, video recordings, and other images of me or the minor participant for any purpose and without compensation.

Participant/Parent Signature _____

Today's Date _____

Name/Type of Workshop _____

Date(s) of Workshop: _____