

Oneida Experiential and Adventure Program

Recreational Climbing Short Form STANDARD RELEASE OF LIABILITY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE NUMBER: _____

CONTACT PERSON IN EMERGENCY: _____ PHONE: _____

Relationship: _____

AGREEMENT AND RELEASE OF LIABILITY

"I, _____, have enrolled in a program of strenuous physical activity offered by Oneida Adventures. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this climbing activity."

"In consideration of my participation in Oneida Adventure program, I, _____, for myself, my heirs and assigns, hereby release Oneida Family Fitness Center/Oneida Adventure and the Oneida Tribe or Indians of Wisconsin, (its employees and owners), from any claims, demands and causes of action (including negligent acts) arising from my participation in the program. I will not hold the facilitators liable for weather, acts of nature or any other unforeseen circumstances.

My signature(s) indicate(s) that I have read and understand and agree to all items contained in this document. In addition, my signature indicates that I have explained this waiver and the program they are attending to my minor. The minor has indicated they fully understand to my satisfaction the nature of this program. My signature indicates I am in agreement to the following:

1. I hereby release my own rights to make a claim on the behalf of myself or the minor, including for negligence.
2. I hereby release my own rights to make a claim as a result of an injury to myself or the minor, including for negligence.
3. I hereby agree to indemnify or reimburse Oneida Fitness and Recreation area and the Oneida Tribe of Indians of Wisconsin for claims brought by others by or on behalf of myself or the minor, including for negligence.
4. I hereby authorize the leader of the event to secure medical advice and service as may be deemed necessary for the health and safety of myself (or my daughter/son/ward) and I agree to accept financial responsibility in excess of the benefit allowed by provincial health insurance plans.

I, HEREBY RELEASE THE ONEIDA FAMILY FITNESS AND RECREATION AREA, ITS AGENTS, AND EMPLOYEES FROM ANY CLAIMS, DAMAGES, LIABILITY, AND INJURIES IN ANY FORM ARISING OF INVOLVEMENT IN ANY ONEIDA FITNESS AND RECREATION AREA PROGRAM. I HAVE READ AND UNDERSTAND THE DESCRIPTION OF THE PROGRAM.

Signature of Applicant

Date

Signature of Parent or Guardian
(If Minor Applicant Under 18)

Date

WOULD YOU LIKE MORE INFORMATION ON:

- | | | |
|-------------------------|---------------------------|----------------------|
| canoeing | ropes courses | snorkeling |
| sea/whitewater kayaking | portable climbing wall | orienteering |
| day/multi-day trips | mountain biking | snowshoeing/building |
| rock climbing | primitive/survival skills | caving |

Email us at msteinba@oneidanation.org