

# RIVERFRONT ADVENTURE PARTICIPANT RELEASE

Group Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

To help ensure that your experience is safe, enjoyable, and beneficial, it is helpful to know some basic medical information. Answering these questions is strongly recommended but it is not required.

Do you have any limiting physical conditions or disabilities?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

Are you currently taking any medications?

\_\_\_ No \_\_\_ Yes. Please identify/explain \_\_\_\_\_

Do you have any allergies allergic reactions to specific foods, medications, bee stings/insect bites?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

Have you had surgery, medical procedures, or have you been hospitalized in the last 12 months?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

**Signing the Participant Release is required for all participants in Riverfront Adventure .  
The PARTICIPANT RELEASE must be received no later than 72 hours prior to your program date.**

I affirm that my health is good, and that I am not under a physicians care for any undisclosed condition that bears upon my fitness to participate in Riverfront Adventure. I recognize the inherent risk of injury or disability in these activities, and I assume this risk. In the consideration of the services provided to the undersigned, the undersigned hereby waives any and all rights and claims against Riverfront Recapture, Inc., The City of Hartford, The Town of East Hartford, and the Metropolitan District Commission and all sponsors of this program, its officers, employees, volunteers, and agents for personal injuries or damage to or loss of personal property of the undersigned which may occur while using these services.

## PARTICIPANT

NAME (print) : \_\_\_\_\_ AGE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

## FOR PARTICIPANT'S OF MINORITY AGE ( Under the age of 18 at the time of participation )

I affirm that my child \_\_\_\_\_ is in good health, and that s/he is not under a physicians care for any undisclosed condition that bears upon his/her fitness to participate in Riverfront Adventure. I recognize the inherent risk of injury or disability in these activities, and I assume this risk with regard to my child's participation. This is to certify that, as the parent / guardian of this participant , I consent to his / her release of Riverfront Recapture , Inc., The City of Hartford, The Town of East Hartford, and the Metropolitan District Commission from any and all liabilities incident to his / her involvement in the Riverfront Adventure Challenge Course.

## PARENT / GUARDIAN

NAME ( print ) : \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

ADDRESS : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_