



PATHWAYS

Upward, inward & outward

Eric & Tina Pinkston
Owners, Lead Guides



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Acknowledgement of Risk and Permission to Treat

ALL PARTICIPANTS MUST COMPLETE BOTH SIDES OF THIS DOCUMENT

I the undersigned participant do hereby acknowledge that rock climbing, caving, hiking, backpacking, camping, team building activities and other outdoor activities are potentially dangerous and may result in serious injury, paralysis or death. By signing this release, I, the undersigned participant, release on behalf of myself, my heirs, representatives and executors, Pathways, it's owners, shareholders, officers, employees and agents from any cause of action, claims, or demands of any nature whatsoever (except for gross negligence and willful misconduct) on account of personal injury, property damage, death or accident of any kind, arising from my participation in a Pathways program. I hereby certify that I have full knowledge of the risks associated with the above mentioned activities and that I am voluntarily assuming those risks. I understand that I will be solely responsible for any loss or damage including but not limited to, death or paralysis that I may sustain while participating in a Pathways program. And that by signing this agreement, I am relieving Pathways, its owners, shareholders, officers, employees and agents of any and all liability for such loss, damage or death.

I further certify that I am in good health and that I have no physical limitations that would preclude my safe participation in a Pathways program. I certify that all current and past medical conditions and medications are listed below and that the medical insurance policy listed is current and valid.

I understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read it, of my own free will.

By signing this document, I also consent to having my picture taken during the event. Such photographs or videos may be used for advertising purposes, both in print and/or on the Pathways website.

If I **DO NOT** consent to such publication than I will let Pathways know by checking this box:

Signature of Participant

Date

Signature of Parent or Guardian **(if participant is under 18 years old)**

Date

CONTINUED ON BACK!!

MEDICAL INFORMATION TO BE FILLED OUT BY ALL PARTICIPANTS:

In the event that I am unable to answer for myself, I give permission for a physician secured by the Pathways Staff to hospitalize, secure anesthesia, order injection, or perform emergency surgery on me as required.

Signature of **Participant** Date

Printed Name: _____ Age: _____ DOB: _____

Parent Names: _____

Home/Cell Phone Numbers: _____

Street Address: _____

City, State & Zip: _____

Emergency Contact Name for day of event: _____

Additional Contact Phone Numbers (cell, work, etc.) _____

Medical Insurance Company Name: _____

Phone Number: _____

Policy Number: _____

Name of Policy Holder: _____

Family Doctor and Phone Number: _____

Please list any current or past medical conditions or medications you are currently taking or have taken in the past that we should be aware of. Please include any known allergies:

Is the participant an ASTHMATIC? What medication do you have? _____

ALL ASTHMATICS ARE REQUIRED TO CARRY THEIR ALBUTEROL INHALER DURING THE TRIP – If possible, please bring a second one for the guides to carry as well.

Is the participant SEVERLY ALLERGIC to anything? If so, to what? _____

_____ Do you carry an Epipen? _____

If participant is under 18 years old - Parent/Guardian please read and sign:

I, as parent or guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this waiver of liability and covenant not to sue. I also give permission for a physician secured by the Pathways staff to hospitalize, secure anesthesia, order injection, or perform emergency surgery as required for the above mentioned minor.

Signature of **Parent or Guardian** Date