Rock Wall Release and Assumption of Risk Form  
(Required for Group Participants)

Since La Vida’s beginning in 1970, it has had an excellent safety record. All activities are well within safety limits and standard procedures are strictly enforced by trained instructors. The La Vida policy, “Challenge by Choice”, means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity, but will not use or allow peer pressure to force any participant to do anything they would prefer not to do.

But we are required by law to inform each participant of the risk and danger involved in adventure activities. Therefore, this “Release and Assumption of Risk” form has been drawn up and must be signed by each participant and the parents of minors.

I am aware that during La Vida's Rock Wall certain risks and dangers may occur which are out of the control of the instructors. I further realize that I will be participating in activities in which the risk of an accident may be greater than in my normal way of life.

Although I know that safety procedures and precautions are in place, I know that I will be climbing vertical walls as high as 28 feet and that falls may occur possibly causing scrapes or other injuries.

In consideration of the right to participate in such activities, I have and do hereby assume all the above risks, and will hold Gordon College, and the Rock Wall Instructors harmless from all liability, actions, causes of actions, debts, claims, and demands of every kind and nature which might arise in conjunction with my participation in La Vida's Rock Wall.

I also acknowledge the fact that the instructors have the right to terminate my participation in the Rock Wall because of my health or physical condition. I agree that the decision of the instructors shall be binding upon me.

Name of Participant_____________________________________________________

Signature____________________________________________    Date____________

Signature of Parent or Legal Guardian if under 18______________________________    Date____________

Photo Release - I give La Vida and Gordon College permission to use any and all photos taken of me, during the Rock Wall and other La Vida activities for promotional materials.

Signature of Participant___________________________________________________

Signature of Parent or Legal Guardian if under 18______________________________
**Confidential Fitness Readiness Questionnaire**

Many health benefits are associated with regular moderate exercise, and we’re glad you have chosen to increase your level of physical activity. For most people an increase in physical activity should not pose any problem or hazard. However, for a small number of adults an increase in physical activity, particularly rigorous physical activity, might be inappropriate. There are also those who should have medical advice in choosing a type and level of activity right for them. The following checklist can help guide you in how to proceed with your new choice, and will guide us in helping you reach the level of activity right for you.

**Please check the following as they apply to you—**

- Yes  ❏  No•  Have you exercised regularly within the last 3 months?

- Yes•  ❏  No    Are you age 65 or older and not accustomed to vigorous exercise?

**Please check the following symptoms or history which apply to you—**

- Heart/lungs  ❏  Yes  ❏  No

- Vascular  ❏  chest pains  ❏  leg cramps  ❏  varicose veins  ❏  poor healing

- Bones & joints  ❏  stiffness  ❏  swelling  ❏  pain/tenderness  ❏  pain upon movement  ❏  limited movement

- Nerves  ❏  seizures  ❏  tremors  ❏  fainting/blackouts  ❏  dizziness/vertigo  ❏  localized numbness

**Other**

- cancer  ❏  diabetes  ❏  high blood pressure

- coronary disease  ❏  stroke  ❏  high cholesterol

- arthritis

- Other:

If you checked any items marked (*) above, please briefly explain:

**Readiness Questionnaire Part II: Physician’s Statement and Clearance Waiver**

If you did not check off any of the items marked (*) in Part I, please sign the following statement:

*I have not answered yes to any of the items marked (*). I certify I am in good health and have never been advised not to participate in strenuous exercise and have never been diagnosed with any health or physical condition such as heart condition, hypertension or other condition which would render my use of the Bennett Center’s fitness center and other programs dangerous to my health.*

Signature______________  Date______________

If you checked off any of the items marked (*), you are required to have a Physician’s Statement and Clearance (PSC) form completed by your primary care physician prior to beginning activity in the climbing wall. Forms are available at the Control Desk. Please attach it to this form or bring it to the Control Desk at the Bennett Center. If you have not already provided us with a PSC form within the last 30 days, you must provide this form before beginning activity in the climbing wall OR you may sign the following statement:

*Although I have answered YES to one or more of the items marked (*) in the Readiness Questionnaire, I have decided to forgo the Bennett Center’s requirement to be provided with a Physician’s Statement and Clearance (PSC) form from my primary care physician and I am aware of the risks associated with my activity.*

Signature______________  Date______________