



New Vision Unlimited
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Assumption of Risk and Responsibility Form – Ropes Course

New Vision Unlimited is a Not-For-Profit organization that is dedicated to helping people develop vision and direction for their lives through engaging them in fun and empowering adventure learning opportunities. You will have the opportunity to participate in some interactive learning initiatives which will include low ropes course elements. Some initiatives may include walking on cables approximately 2 feet off the ground, swinging on a rope, lifting and being lifted up by other participants, running, and other challenges of a physical nature. We recommend that participants take part in those activities they feel comfortable with and capable of. In order to participate in these activities we ask that all participants sign this Assumption of Risk and Responsibility Form showing their acknowledgement of the risks associated with these types of activities and their responsibilities as a participant.

I (and parent/guardian if under 18) recognize:

- That I can choose to participate or not to participate in any activity
- That I must follow proper safety guidelines as directed by the facilitators
- That some of the activities happening during the program will have a physical challenge component.
- That all activities are considered of low to moderate risk and that proper safety measures will be taken to promote safety and reduce the chance of injury
- New Vision Unlimited, nor the Municipality of Sioux Lookout, does not provide any accidental, death, disability, dismemberment or medical expense insurance for people participating in their programs and it is the responsibility of the participants or parents/guardians to ensure the participant has appropriate insurance
- I accept the fact that while proper safety and precautionary measures will be taken, neither the Municipality of Sioux Lookout, New Vision Unlimited nor its staff can guarantee total safety of participants because some risks are beyond their control

The signatures below show that I am interested in participating in the New Vision Unlimited program and that I understand the nature of the risks involved with this program:

Print Participant Name

Date

Signature of Participant

Signature of parent/guardian/chaperone (if under 18 years)

YES **NO** (Circle one) I give permission for New Vision Unlimited to use the participant's picture or video for promotional materials which may include, but is not limited to, website, newspaper, DVD and other printed materials.

"Exploring Vision Without Limits"