



**Winding Trails, Inc.**  
50 Winding Trails Drive, Farmington, CT 06032 (860) 677-8458

**Outdoor Adventure Waiver**

Participants Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***In case of emergency while I am at Winding Trails, please contact:***

Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

You are about to take part in an Outdoor Adventure experience. You will undertake a wide variety of physical and mental challenges, in an environment designed with safety in mind. This experience may include: Climbing Tower, Low Ropes Course, High Ropes Course, giant slide, field sports, swimming, boating, raft building, orienteering, hiking, cross country skiing, tubing, and ice skating.

For most of the time, you will be undertaking activity which is best described as **“moderate exertion”**. This may be comparable to: normal walking, golfing on foot, downhill skiing, raking leaves, waiting tables, fishing, calisthenics, hanging wall paper, interior painting, or slow dancing. There will be some situations where you will be engaged in: **“vigorous exertion”**. This may be comparable to: slow jogging, speed-walking, tennis, swimming, cross-country skiing, shoveling snow, fast biking, heavy gardening, overhead work, ice hockey drills, softball, hurried restaurant work, or climbing a ladder.

If these types of activity are difficult for you, you should discuss your participation with a physician who knows your health history. If these are activities in which you regularly engage without difficulty, you should be fit for participation.

There are a few specific medical conditions which participants should **always** seek advice about from their physicians before engaging in challenge course activity. You **must** consult with a physician before participating if any of these apply to you. If you or your physician has any questions about these conditions or about Outdoor Adventure activities, feel free to contact Robb Armstrong at (860) 677-8458.

***Pregnancy*** (Climbing harness can injure uterus.)

***Kidney or liver transplant*** (Climbing harness can injure transplanted organ.)

***Healing fracture or joint injury*** (Should be cleared by treating physician.)

***Down syndrome*** (Should have x-ray check for neck instability, as per recommendations of Special Olympics.)

- I hereby grant Winding Trails, Inc. and its agent’s full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Winding Trails, Inc. and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, hospital or emergency health care facility staff, under the circumstances as above, if needed. Any such action will be taken in my best interest.
- I agree that I am solely responsible for my own participation and for my own physical and emotional well-being.
- I will not be under the influence of any chemical substance, including alcohol, while participating.

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hold Winding Trails, Inc., its employees, instructors, facilitators and agents harmless of any liability arising out of my participation in the program. Should Winding Trails, Inc. or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold Winding Trails, Inc. harmless for all such fees and costs. This release does not, however, apply to damage or injury results from the reckless, willful or wanton misconduct of Winding Trails, Inc., its employees or agents.

- I authorize Winding Trails, Inc. to have and use photographs, slides and videotapes of the person named above as needed for its records and public relations programs.
- I have had sufficient opportunity to read this entire document. I have consulted with my physician if appropriate. I believe that I am fit to participate in an Outdoor Adventure. I understand that I am not required to complete any event, and am free to modify my participation at any time. I have read and understand it, and agree to be bound by its terms.

➔Signature of Participant\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*If participant is under the age of 18, their parent or guardian must also sign below.

➔Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_