



## PARTICIPANT AGREEMENT, INDEMNIFICATION & RELEASE OF NEGLIGENCE

Date:

Name of Participant

\_\_\_\_\_  
(Last, First, Middle Initial)

In connection with my participation in the Low Ropes and/or High Ropes Course activities at the National Guard facility, Camp Carroll, Ft. Richardson, Alaska on \_\_\_\_\_, I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Alaska National Guard, the State of Alaska and the United States of America, their agents, servants and/or employees shall not be liable for injury or death sustained by me while participating, or being an unattended participant, in Low Ropes and/or High Ropes Course activities. I understand that participation in Low Ropes and/or High Ropes Course activities involves risk of injury or death and I accept and assume sole responsibility, liability and understand the expressed assumption of such risks, inherent or otherwise. Risks include but are not limited to: trips, slips, falls, impacts with objects and or people, increased heart rate due to apprehension and or physical activity, fear of heights, fear of falls or perceived falls, anaphylactic allergic reactions from bee/bug bites and or stings, entanglement in element wires, ropes, supporting structures, platforms, falling tree limbs or parts thereof .

I hereby release the Alaska National Guard, the State of Alaska, the United States of America, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses relating to all harm, personal injuries or death, including but not limited to those resulting from negligence, that I may sustain which in any way relate to or arise out of my enrollment or participation in the Low Ropes and/or High Ropes Course activities. I shall indemnify and hold harmless the Alaska National Guard, the State of Alaska, the United States of America, their agents, servants and/or employees from and against any and all claims, demands, damages, losses, expenses, attorneys fees, actions, causes of action, suits or judgments by or on my behalf, or by my heirs, executors, administrators, successors/assigns, or any other person or persons on my behalf, arising from my conduct or any losses suffered by me in any way relating to any harm, personal injuries or death, that I may sustain as a result of my participation in the Low Ropes and/or High Ropes Course activities.

If any suits, claims or demands are brought against the Alaska National Guard, the United States of America, their agents, servants and/or employees, the Alaska National Guard requests venue to be held within the jurisdiction of the State of Alaska; Anchorage.

I hereby authorize the Alaska National Guard to secure such emergency medical advice and/or services as may be necessary for my health and safety and I agree to accept full financial responsibility for any such medical advice and services.



I understand that Alaska news media and the Alaska National Guard may view, photograph and/or film portions of the Low Ropes and/or High Ropes Course activities and interview participants. I authorize the use and/or publication of my photograph, image, quote and/or voice in connection with my participation in the Low Ropes and/or High Ropes Course activities.

\_\_\_\_\_  
Signature of Participant (Youth or Adult)  
Printed Name:

\_\_\_\_\_  
Signature of Parent if Participant is under 18  
Printed Name:

