

**HMSR COPE COURSE (HIGH) RELEASE  
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE  
WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, age \_\_\_\_\_, for my own personal enjoyment, adventure and recreational purposes, voluntarily request that I be allowed to participate in a COPE COURSE (HIGH) ride at the Hawk Mountain Scout Reservation (HMSR).

**IN CONSIDERATION OF** HMSR allowing me to participate in a COPE COURSE (HIGH) ride, I hereby agree:

1. I am aware that participating in the COPE COURSE (HIGH) can be physically and emotionally demanding and dangerous. I am further aware that I may be subjected to personal injury, damage to any property I have with me, and even, in extraordinary cases, serious injury or death, as the result of my own decision to participate in a COPE COURSE (HIGH) ride at HMSR.
2. I freely and voluntarily, and with complete knowledge of these risks, fully and personally assume and accept those risks, which may include, but not be limited to, cuts, scrapes, bruises, fractures, debilitating injuries, paralysis, death, and other medical problems due to the challenging and physically-demanding nature of participating in a COPE COURSE (HIGH) ride. I further acknowledge those risks may include heart problems, injuries to me or my unborn children if I am pregnant, and other unpredictable physical, medical and emotional consequences and complications.
3. I hereby certify that I have no medical or other condition that will interfere with my participation or safety or the safety of others while I participate in a COPE COURSE (HIGH) ride. I further agree that I will list below on this form any such medical or other concerns that I have. I further acknowledge that if I fail to list such concerns, I assume the risks of nondisclosure and shall bear all costs and risks associated with the COPE COURSE (HIGH) activity.
4. I understand that HMSR has the right to deny participation and that is my responsibility as a participant to follow the safety standards, guidelines, and procedures established by HMSR staff and its instructors. I acknowledge that to be eligible to participate in a COPE COURSE (HIGH) ride, I must weigh not less than 70 pounds nor more than 250 pounds. I further realize that if I do not understand specific instructions from the staff and instructors at any time, it is my own responsibility to ask for clarity and to seek and obtain assistance.
5. I authorize the leader of the COPE COURSE (HIGH) activities to secure such medical advice and services as deemed necessary for my health and safety and agree to accept financial responsibility for such medical advice and services provided to me. Through signing this Waiver, I hereby give consent to the HMSR instructors and any medical personnel attending to me to provide medical assistance to me whenever the circumstances indicate such is warranted.

I HAVE READ THIS RELEASE, AGREEMENT, AND WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

**PARTICIPANT'S CONSENT:**

PRINT NAME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ LBS.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
MEDICAL CONDITIONS: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENTAL CONSENT (For participants under the age of 18):**

I, the minor participant's parent or legal guardian, am familiar with HMSR's COPE COURSE (HIGH) and the above-identified minor's experience, health, and abilities, and have concluded the minor is physically and otherwise qualified to participate in a COPE COURSE (HIGH) ride. I hereby release, discharge, and agree not to sue, and agree to indemnify and hold harmless HMSR from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by negligence by HMSR and its instructors and other representatives. I further agree that I will indemnify and hold harmless HMSR and its instructors and other representatives from any litigation expenses, attorney's fees, loss, liability, damage, or costs incurred as a result of any such claim, to the fullest extent permitted by law.

PRINT NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_