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VISITOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services of Atlantic Climbing School, Inc., their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "ACS"), I agree as follows:

Although ACS has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, ACS has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. ACS does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; being struck by rock fall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning and rapid weather changes; the risks of falling off the rock; the risks of exposure to insect bites; the risk of cold including hypothermia; my own physical condition, and the physical exertion associated with this activity. Furthermore, ACS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, tides or other environmental conditions. They may give incomplete warnings or instructions, and the equipment used might malfunction. I acknowledge that it would be impossible for ACS to foresee and warn me of every conceivable thing that might go wrong.

I am aware that rock climbing entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of ACS has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Signature of Participant _____ Today's Date _____

Print Name _____ Age _____

Street or PO Box _____ City _____

State _____ Zip Code _____ Home Telephone _____

Cell Phone _____ Email _____

SIGNATURE OF PARENT OR GUARDIAN, IF PARTICIPANT IS UNDER 18 YEARS OF AGE

Signature of Parent or Guardian _____

Print Name _____ Today's Date _____

PARTICIPANT MEDICAL INFORMATION

Please answer the following questions to the best of your ability. The activities you will participate in often are of a different physical nature than what most participants are familiar. All medical concerns need to be known. If you have questions regarding your participation, you should discuss them with your doctor.

Height _____ Weight _____ M F

Do you or have you ever suffered from any of the following? Please check.

- | | |
|--|---|
| <input type="checkbox"/> Allergies | Are you currently under a doctor's care? _____ |
| <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Back Problems | Are you allergic to insect bites? _____ |
| <input type="checkbox"/> Diabetes | Describe your current level of physical activity and fitness: |
| <input type="checkbox"/> Dislocations | _____ |
| <input type="checkbox"/> Heart Problems | _____ |
| <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Other _____ | |

Do you have any medical condition not listed that ACS should be made aware of? _____

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I hereby certify that the above information is complete and accurate.

Signature of Participant _____ Date _____

If Under 18 – Signature of Parent or Guardian _____

Emergency Contact _____ Home Phone _____ Cell Phone _____

Tipping your guide is never expected, but always appreciated.