



HIS Thousand Hills
458 Phippen Road
Wellsboro, PA 16901
(570)724-2366
Fax: (888)329-6478
admin@hithousandhills.org
www.hithousandhills.org

Challenge Adventure Program Participation Agreement

Printed Participant Name: _____

Printed Name of Group: _____

Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by Challenge Adventure Program at HIS Thousand Hills is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity. I have read the Full Value Contract on the back of this agreement and agree to follow the guidelines as presented.

I understand the employees of HIS Thousand Hills have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, low ropes courses, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entails certain risks. I elect to participate in spite of these risks.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my/my child's participation, and do hereby release HIS Thousand Hills and its staff, volunteers, members, trustees, officers, independent contractors and agents from any all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant HIS Thousand Hills, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

Signature of Participant (required)

**If participant is under 18 years of age,
Signature of parent or guardian is required**

Age of Participant

Date of Participation

Street Address

City

State

Zip

Person to be contacted in case of Emergency:

Name: _____

Home Phone: _____

Business Phone: _____

