

C E N T E R F O R  
**ORGANIZATIONAL**  
**ADVANCEMENT**  
OF ROGERS MEMORIAL HOSPITAL

*ASSUMPTION OF RISK/REGISTRATION*

**PARTICIPANT NAME:** \_\_\_\_\_

I am aware, in signing this document for participation in the Rogers Memorial Hospital's Experiential Activities, that certain elements of the program can be physically, mentally, socially and emotionally demanding. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e., cuts, bruises, scrapes, fractures, fatalities etc.). Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of the sponsoring agency and its staff.

I understand that the staff of the Center for Organizational Advancement at Rogers Memorial Hospital has the right to deny participation and that it is my responsibility (or my son/daughter/ward), as a participant to follow the safety standards, guidelines and procedures established by the staff/instructors. If, at any time, I do not understand specific instructions given by the staff/instructor, I realize that it is my responsibility (or my son/daughter/ward) to ask for clarification and/or assistance, and to conduct myself in a way that respects the rights of others.

I acknowledge that alcohol, drugs (except currently prescribed medications), weapons, firearms or any type of materials that could damage or cause personal injuries are strictly prohibited from Rogers Memorial Hospital's grounds.

I acknowledge that all participants on the Ropes and Challenge Course have the right to confidentiality. I have been informed that additional groups may also be participating in the Ropes and Challenge Course during my scheduled time. The identities of the groups and/or the participants will not be revealed to me nor will I reveal the identity of persons I may recognize or further acknowledge that I will not approach a person from another group nor acknowledge them for any reason.

I understand that I may give permission to be photographed and/or videotaped during my participation on the Ropes Course and acknowledge that Rogers Memorial Hospital cannot be held responsible for actions other than those of hospital staff. I understand that if I am taking photographs and/or videotaping my group, I may not purposefully or accidentally photograph any other person(s) and or locations on Rogers Memorial Hospital grounds.

I am aware, in signing this document for participation in the Rogers Memorial Hospital's Experiential Activities, that I authorize the leader of the event to secure such medical advice and services as deemed necessary for the health and safety of myself (or son/daughter/ward), and I agree to accept financial responsibility:

1. Where the health and well-being of the applicant is involved;
2. Where medical advice has been such that further services are required;
3. Where all reasonable attempts to contact the parent/guardian have failed or where, due to the nature of the emergency, there is insufficient time to contact the parent/guardian;
4. Where benefits of my provincial health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I understand and assume all dangers (hazards and perils) and risks associated with this course and waive all claims or causes of action arising from my participation (or son/daughter/ward) in the Rogers Memorial Hospital's Experiential Activities against Rogers Memorial Hospital and their agents and employees and do hereby release Rogers Memorial Hospital, and their agents, officers and employees from liability and attorney's fees which I may ever have arising from the Program. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns on my behalf.

\_\_\_\_\_  
**PARTICIPANT SIGNATURE (MINORS MUST SIGN) DATE**

\_\_\_\_\_  
**\*PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE RELATIONSHIP DATE**  
(\*FOR PARTICIPANTS UNDER 18 YEARS OF AGE)

**COA-003-0204**

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