



CHALLENGE ASPEN WAIVER

PERMISSION TO OBTAIN MEDICAL TREATMENT ON MY BEHALF

Should I, the minor participant, or the person for whom I am the legal guardian, become injured or ill, I give permission for Challenge Aspen program facilitator(s) to render First Aid and to seek emergency medical or rescue services as they see fit, and at my cost.

Participant Name

Signature

Date

EQUIPMENT WAIVER

I accept for use the equipment issued to me and accept full responsibility for the care of this equipment. I will be responsible for the replacement at full retail value of any equipment rented under this form, but not returned to Challenge Aspen.

Participant Name

Signature

Date

PERMISSION TO TAKE AND DISPLAY PHOTOGRAPHS AND FILM (OPTIONAL)

I hereby give my permission to **Challenge Aspen**, and any other person designated by **Challenge Aspen**, to make photographs and other recordings of myself, and I consent to publishing and/or displaying of such recordings as **Challenge Aspen** sees fit.

I hereby release **Challenge Aspen**, its successors, representatives, assigns, and employees from any and all claims, demands, and causes of action, whether resulting from negligence or otherwise, of every nature and kind arising or connected with photographs of the undersigned taken in conjunction with a **Challenge Aspen** activity.

Participant Name

Signature

Date

(PARENT/GUARDIAN MUST SIGN WAIVERS IF PARTICIPANT
IS A MINOR OR HAS A LEGAL GUARDIAN.)