

**Manito Inc. Alpine Tower  
Informed Consent / Liability Release**

I am aware and understand that participating in Manito's Alpine Tower Program involves a potential risk of physical injury, and I understand that the programs are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary, and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I further state that, in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assignees all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold Manito Inc., its employees, its instructors, facilitators and agents harmless for liability arising out of my participation in the program. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of Manito, Inc., its employees, its instructors, facilitators and agents.

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Medical Questionnaire**

**Please Read:** This is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other condition which might be aggravated by the event.

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|---|-----|----|
| 1. Do you have any pre-existing injuries (ankles, knees, back) that might be aggravated by the event? | Yes | No |
| 2. Do you have any heart problems or take heart medication?   | Yes | No |
| 3. Do you have high blood pressure?   | Yes | No |
| 4. Do you have any allergies (food, bees, insect), reactions to medications, or physical limitations? | Yes | No |
| 5. Do you have a history of seizures, fainting or passing out?  | Yes | No |
| 6. Are you taking any medications currently?  | Yes | No |
| 7. Any pressure or coercion from others to participate?   | Yes | No |
| 8. Do you have a fear of heights?   | Yes | No |

For all questions above answered Yes, please explain in the space provided: \_\_\_\_\_

\_\_\_\_\_

9. What is your current level of physical activity at home? (circle one)  
**No regular exercise program** 1    2    3    4    5    6    7 **Daily exercise program**

10. In case of emergency contact (Print Name) \_\_\_\_\_

Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Participants please read and sign:** I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of other during these events. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_