



PATRIOT OUTDOORS™ LLC Informed Consent Agreement

Thank you for choosing to use the facilities, services, or programs of Patriot Outdoors™ LLC. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by Patriot Outdoors™ LLC, and I understand that each person (myself included) has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are recreational, educational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of Patriot Outdoors™ LLC brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that personnel, who may not be licensed, certified, or registered instructors or Professionals, sometimes conduct the activities, programs, and services offered by Patriot Outdoors™ LLC. I accept the fact that the skills and competencies of employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not fully licensed, certified, or registered and herein employed to provide such professional services.

I recognize that, by participating in the activities, facilities, programs, and services offered by Patriot Outdoors™ LLC, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, injury, and even death. I voluntarily assume the risks of the activities I am undertaking. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation in any activity or procedure and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response. In the event I observe any hazardous or dangerous activity or equipment, I agree to immediately inform a supervising employee to prevent injury to myself or any other person.

I understand that I may ask any questions or request further explanation of information about the activities, facilities, programs, and services offered by Patriot Outdoors™ LLC at any time before, during, or after my participation. I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Date

Signature

Age

Date

Signature of Parent or Guardian (if climber is less than 18 years of age)