



UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH

ACTIVITY RELEASE

“Activity”: 20th GLOBE Annual Partner Meeting and Student Program, Estes Park, Colorado

Date(s): 17 – 22 July 2016

Participant desires to participate in or observe the Activity (described above), which has been organized by the following released parties: The University Corporation for Atmospheric Research, and its related companies, subsidiaries, divisions, affiliates, officers, directors, employees, agents, and representatives (hereinafter jointly and severally referred to as the “Released Parties”).

Participant acknowledges that the Released Parties are not responsible for supervising the Activity or otherwise ensuring the safety of the Activity.

Participant's participation in the Activity is completely voluntary and Participant understands that he/she will be involved in an Activity that may involve substantial and serious risks and danger of bodily injury, including, without limitation, permanent disability, paralysis, death, and/or property damage. Such risks and dangers may be caused by, among other factors, action or inaction of Participant, condition of Participant, the condition of the premises on which the Activity occurs, the condition of any equipment used in the Activity, the negligence of the provider or supervisor of the Activity or the negligence of other participants and/or the Released Parties. Participant fully accepts and assumes all risks and responsibilities for losses, costs, and damages incurred in participation in any part of the Activity.

Participant, on behalf of himself, his spouse, children, family members, agents, and representatives completely and unconditionally **RELEASES, FOREVER DISCHARGES, COVENANTS NOT TO SUE, AND AGREES TO INDEMNIFY AND HOLD HARMLESS** the Released Parties from all liabilities, claims, demands, losses, and damages, including attorneys’ fees and costs, arising, directly or indirectly, out of the Activity and Participant’s participation in the Activity, whether or not caused or alleged to be caused in whole or in part by the negligence of any of the Released Parties, or otherwise, and whether such losses or damages can be anticipated or not and including any damages, attorneys fees or costs incurred to enforce this Agreement.

This Agreement shall be governed by the laws of the United States and the State of Colorado. Courts located in the State of Colorado shall have exclusive jurisdiction over any matters related to this Release. If for any reason a court of competent jurisdiction finds any provision, or portion thereof, to be unenforceable, the remainder of this Agreement shall continue in full force and effect.

I am age eighteen or older. (If not, a parent or legal guardian must sign below.) I have read and fully understand the terms of the Activity Release on this document, and I accept its terms.

Participant’s Name & Signature	Parent or Guardian’s Name & Signature (if Participant is under 18)
Clearly Print Name:	Clearly Print Name:
Sign Name:	Sign Name:

IMAGE CONSENT AGREEMENT

Activity and/or Project: 20th GLOBE Annual Partner Meeting and Student Program, Estes Park, Colorado

Date(s): 17 – 22 July 2016

I agree that the University Corporation for Atmospheric Research (“UCAR”) may take photographs or create footage of my participation in the above-referenced activity/project.

I agree that the photographs and footage may be used by UCAR, its sponsors and collaborators for non-commercial, non-profit research, illustration and educational purposes, and

I give my permission to be identified in such photographs and footage.

I am age eighteen or older. (If not, a parent or legal guardian must sign below.) I have read and fully understand the terms of this Image Consent, and I accept its terms.

Participant's Name & Signature	Parent or Guardian's Name & Signature (if Participant is under 18)
Clearly Print Name:	Clearly Print Name:
Sign:	Sign:

20th GLOBE Annual Partner Meeting and Student Program Behavior Policy 2016

For the safety and well being of all students participating in the 20th GLOBE Annual Partner Meeting and Student Program there are specific guidelines and expectations for all the students from each delegation. Please read and certify that you intend to be in compliance with these behavior rules.

- All participants must obey applicable laws.
- All participants are expected be respectful of each other at all times and honor all directives and requests from sponsors and 20th GLOBE Annual Partner Meeting staff, teachers and chaperones.
- All participants are expected to attend each program function and activities related to the 20th GLOBE Annual Partner Meeting and Student Program.
- There will be zero tolerance for alcohol consumption, smoking, or the use of any illegal drugs.
- There will be a curfew each night, random bed checks, and lock-down procedures in place at all times. Chaperones and students are expected to be together in the hotel at this time.

I agree to meet these expectations of the 20th GLOBE Annual Partner Meeting Host and Sponsors. I understand that compliance is required for my own safety and security and the safety and security of others. Further, I understand and acknowledge that if I fail to comply with these rules, I may be required by The GLOBE Program (at their sole discretion) to return home immediately, at my sole expense. If I am a student, I will be escorted home by my teacher/chaperone or another adult approved by the 20th GLOBE Annual Partner Meeting authorities, at my sole expense.

Student's Name & Signature	Teacher/Chaperone Name & Signature
Clearly Print Name:	Clearly Print Name:
Sign Name:	Sign Name:

The signature of a parent is required. If sent home by the 20th GLOBE Annual Partner Meeting Host or Sponsors, I agree to reimburse whomever immediately upon receipt if invoice, for all costs and expenses incurred in returning my child, including all costs and expenses (travel expenses to my home and from my home back to the conference) of his or her escort.

Parent's Name & Signature
Clearly Print Name:
Sign Name:



YMCA of the Rockies Estes Park Center Adventure Activities

Acknowledgment of Risk/

Waiver of Liability Agreement

There are risks involved in these activities. It is your choice whether you participate in one or more of these activities and to what level you participate. Our philosophy is "Challenge by Choice" which means you select the degree of challenge (if any) to which you will be exposed. However, in order for you to participate at any level in any of these activities, you or if you are less than 18 years of age, your parent or legal guardian, must read and sign this document.

Acknowledgement of Risks and Hazards

I acknowledge that there are risks and hazards involved in the Adventure Activities in which I have chosen to participate.

These risks include but are not limited to:

1. Physical injury
2. Trauma
3. Death
4. Emotional injury
5. Property damage

These hazards include but are not limited to:

1. All manner of injury resulting in falling and hitting rock faces, trees or projections, whether permanently or temporarily in place, or the ground
2. Injuries resulting from falling climbers or dropped items, such as but not limited to, ropes or climbing hardware
3. Failure of rope, slings, harnesses, climbing hardware, anchor points, or any part of the Adventure Activities
4. Rope abrasion, entanglement and other injuries related to but not limited to, climbing, belaying, lowering on rope, rescue systems, and any other rope techniques
5. Exposure to the sun and cold or severe weather conditions
6. Uneven or unexpected road, trail or ground surfaces
7. Contact with animals or insects
8. Interference from other activities in the vicinity
9. The physical and mental effects of rigorous physical activity at high altitude (8000 feet above sea level)

I acknowledge that this is not an exhaustive list of the risks or hazards that I may encounter, and that I may encounter unforeseen situations.

Certification of Fitness

I certify that I am healthy (both physically and emotionally) and capable of participating in this activity or these activities. I have listed below any medical condition(s) that the YMCA should be aware of which may hinder my participation in the activity selected. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the selected activity.**

DO YOU HAVE ANY MEDICAL CONDITION(S) THAT WE SHOULD BE AWARE OF THAT MAY HINDER YOUR PARTICIPATION?

NO _____ YES _____

If yes, please explain:

Waiver of Liability

1. In order to participate in the activity or activities listed above, I forever waive my right to sue YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any injury (including death) that I may suffer arising out of my participation in this activity or these activities. I understand that by signing this document, I release the YMCA (including its directors, staff, employees and other contracted parties) from all liability for any injuries (including death) that I may suffer because of my participation in the activity or activities listed above.
2. In the event that I file a lawsuit against YMCA of the Rockies, Estes Park Center, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
3. Should it become necessary for the YMCA Estes Park Center or someone on the Estes Park Center's behalf to incur attorney's fees and costs to enforce this agreement, I agree to pay YMCA Estes Park Center reasonable costs and attorney's fees.

I, the undersigned, have read, understand and accept the terms of this Acknowledgement of Risk/Waiver of Liability Agreement.

I further understand that the terms of this agreement are legally binding. I certify that I have read this agreement and am signing this agreement of my own free will.

Name of Participant (Please Print) _____ Age _____
 Date(s) of Participation _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____
 In case of emergency, contact: Name _____ Phone _____

IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW: I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the named minor, and give my consent to the participation of the above named minor in all adventure activities of the YMCA of the Rockies on the terms stated.

SIGNATURE OF PARTICIPANT: _____ **Date of Signature:** _____

Or if the participant is a minor (less than 18 years of age), I represent that I have legal authority to execute this waiver on behalf of the participant.

SIGNATURE OF GUARDIAN: _____ **Date of Signature:** _____

