My Own Challenge At Staheli Family Farm
Participation Agreement /Release Form

Participation Requirements:

☐ Wear comfortable and modest clothing appropriate for physical activity and the weather.
☐ Wear closed-toe and closed-heel supportive shoes. Tennis shoes or light weight hiking boots are recommended. Do not wear sandals or flip-flops.
☐ Bring sun protection and insect repellant.
☐ Remove items from pockets and clothing prior to activity. No cell phones, music or game devices.
☐ Bring water bottles.
☐ No alcoholic beverages or illegal drugs permitted.
☐ Be respectful of the farm, animals, and equipment.

Acknowledgement of Risk & Release of Liability:

In consideration of being allowed to participate in any way in a My Own Challenge LLC program, its related events and activities, I _____________________________, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in all My Own Challenge programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist and I knowingly and freely assume all such risks, both known and unknown. I assume full responsibility for my participation.

2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest facilitator immediately.

3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold blameless My Own Challenge LLC, Staheli Family Farm LLC and R & K Staheli Farm, the members, family, agents, employees, other participants, sponsoring agencies, advertisers, and the owners of the premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

4. My Own Challenge LLC reserves the right to use any and all photos and videos for marketing promotional purposes.

5. The venue of any dispute that may arise out of this agreement, or otherwise, between the parties to which My Own Challenge, Staheli Family Farm or its agents is a party, shall be either the U.S. District Court of Washington County, Utah or the State Supreme Court of Utah.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_________________________________________   Age: ________    Date:__________
Participant

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, to the fullest extent permitted by law.

X_________________________________________   Date: ___________
Parent/Guardian
Medical Statement

Name of Participant: ________________________________ Date of Birth: _______________ Age: _______
Address:______________________________________________________________     Male ❑ Female ❑
City/State/Zip: ___________________________________________________________________________
Work Phone: ______________________________  Home/Cell Phone: ______________________________

In case of emergency, notify: ____________________________________________________
Contact Address: _________________________________________  Work Phone: _________________
City/State/Zip: _________________________________________ Home/ Cell Phone: _______________

Name of Physician: _____________________________________  Phone: ____________________
Insurance Provider:____________________________________  Policy No: ___________________

Health History: Check the appropriate answer. Explain yes answers and list dates in the comment section.
1. Have you had or do you currently have any heart problems? List dates.                                Yes ❑ No ❑
2. Do you frequently suffer from pains in your chest?                                                                  Yes ❑ No ❑
3. Do you often feel faint or have spells of severe dizziness?                                                     Yes ❑ No ❑
4. Has a doctor ever told you that you have high blood pressure?                                              Yes ❑ No ❑
5. Do you have arthritis, joint or back problems that might be aggravated by exercise?             Yes ❑ No ❑
6. Have you had any operations or serious injuries?  List Dates.                                                Yes ❑ No ❑
7. Do you have any disabilities or chronic recurring illness?  If yes, please list.                          Yes ❑ No ❑
8. Are there any activities limited/discouraged by a physician?                                                   Yes ❑ No ❑
9. Do you have Epilepsy or seizures?                                                                                          Yes ❑ No ❑
10. Do you have Diabetes?                                                                                                            Yes ❑ No ❑
11. Do you have and prescribed meal plan or dietary restrictions?                                                Yes ❑ No ❑
12. Are you currently sick and taking medication? List.                                                                 Yes ❑ No ❑
13. Do you have any allergies?  If yes, please list.                                                                         Yes ❑ No ❑
14. List other medications you currently take:____________________________________
15. List your last physical examination: ______________________

Comments: ____________________________________________________________________________  ____________________________________________________________________________

To the best of my knowledge this health history is correct. I believe that my health is satisfactory to participate in challenge course activities. I herby give permission to medical personnel selected by My Own Challenge to order the necessary medical assistance for me or my child. Such authorization for emergency treatment shall also include but not be limited to, charges incurred for the providing of aid and any necessary evacuation. I further assume responsibility for the costs of medical care and specialized evacuation and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

__________________________________ Date: ______  _______________________________ Date: _____
Signature of Participant  Signature of Parent/Guardian (If participant under 18)