

# Dragonwyck Web Design LLC Event Waiver Form

## Conference Activity: Climbing Mt. St. Helens

### 4/11/2024

Participant: John Smith

#### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in these activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Dragonwyck Web Design LLC, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

In case of an emergency involving my child, I understand that efforts will be made by Dragonwyck Web Design LLC to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

#### Emergency Contact Information:

Emergency Contact      Special Needs:  
Name: Joe Smith      None  
Phone: 253-555-1212      \_\_\_\_\_

Multiday Rider ☐      Single Day Rider ☐

#### Participant Information:

Name **John Smith**  
Phone **253-555-1234**  
Email \_\_\_\_\_  
Address 123 Main St  
Anytown, WA  
98333

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Participant Signature: John Smith

\_\_\_\_\_  
Printed Name  
(for participant under the age of 18)

Date Waiver Acknowledged: 2024-02-24 04:08:55